

**BOARD OF REGISTERED NURSING
EDUCATION/LICENSING COMMITTEE MINUTES**

DATE: October 16, 2008

DRAFT

TIME: 10:00 AM to 1:00 PM

LOCATION: DoubleTree Guest Suites
835 Airport Blvd
Burlingame, CA 94010
(650) 344-5500

PRESENT: Elizabeth Dietz, EdD, RN, CS-NP, Chair
Susanne Phillips, RN, MSN, APRN-BC, FNP

NOT PRESENT: Andrea Guillen-Dutton, Public Member

STAFF PRESENT: Ruth Ann Terry, MPH, RN, EO; Louise Bailey, MEd, RN, SNEC; Maria Bedroni, EdD, RN, SNEC; Badrieh Caraway, MS, RN, NEC; Katie Daugherty, MN, RN, NEC; Miyo Minato, MN, RN, NEC; Janette Wackerly, RN, MBA, RN; Kay Weinkam, RN, MS, NEC; Louisa Gomez, Licensing; LaFrancine Tate, Board Member; Heidi Goodman, AEO; Carol Stanford, Diversion.

Dr. Elizabeth Dietz, Chair, called the meeting to order at 10:00AM. Committee members introduced themselves.

10.0 APPROVAL OF AUGUST 21, 2008 MINUTES.

ACTION: Approve the Minutes of August 21, 2008.

MSC: Phillips/Dietz

Public input: None

The meeting was stopped for a short period due to power outage and resumed at 10:06. Susanne Phillips chaired the remainder of the meeting.

10.1 RATIFY MINOR CURRICULUM REVISIONS

- 10.1.1 California State University, Bakersfield, Baccalaureate Degree Nursing Program
- 10.1.2 California State University, Channel Islands, Baccalaureate Degree Nursing Program
- 10.1.3 California State University, Stanislaus, Baccalaureate Degree Nursing Program
- 10.1.4 University of California, Los Angeles, Baccalaureate Degree Nursing Program, and Entry Level Master's Degree Option
- 10.1.5 University of San Francisco, Baccalaureate Degree Nursing Program and Entry Level Master's Degree Option
- 10.1.6 Butte College Associate Degree Nursing Program
- 10.1.7 Golden West College Associate Degree Nursing Program
- 10.1.8 Modesto Junior College Associate Degree Nursing Program

Progress report by NECs on the following programs:

- 10.1.9 California State University, Channel Islands, Baccalaureate Degree Nursing Program

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10.1.10 Concordia University, Irvine, Accelerated Baccalaureate Degree Nursing Program

10.1.11 College of the Siskiyous, LVN to RN Associate Degree Nursing Program

10.1.12 San Joaquin Valley College LVN to RN Associate Degree Nursing Program

ACTION: Ratified Minor Curriculum Revisions.

MSC: Dietz/Phillips

Public input: None

10.2 CONTINUE/NOT CONTINUE APPROVAL OF NURSING PROGRAM

10.2.1 National University Baccalaureate Degree Nursing Program

Mary Kracun, PhD, RN, is the current Chair and Program Director for NU's BSN Program. No member was present to represent NU. M. Minato, NEC, presented this report. C. Mackay and M. Minato, NEC's, conducted a continuing approval visit on July 21-22, 2008 at NU BSN Program. The program was in compliance with Board rules and regulations. Three recommendations were made in CCR Sections 1424(b) Policies and Procedures, 1424(d) Resources, and 1426(b) Curriculum.

NU's generic BSN Program in San Diego was initially approved in August 2004. Nursing courses are conducted primarily at the Rancho Bernardo campus. The plan was in place to centralize nursing faculty and courses to Rancho Bernardo and the construction has just begun at the time of the visit. Plans for the remodel include addition of clinical lab area for simulation to the two skills lab currently in place. Both Day and Evening programs are available at this campus.

Besides the generic BSN program, NU offers Accelerated BSN and an ASN track and continues to offer the RN-BSN completion program, which it had previously offered. Starting this fall, the ASN track will be continued, but will not be listed in the catalog as a separate option. NU was approved in June 2007 to have extended campuses in Los Angeles and Fresno areas. However, these sites are non-operational at this time due to faculty recruitment and clinical placement difficulties. There is a search committee doing recruitment for these sites.

Current NU nursing student enrollment has a total of 445 students, 294 are prelicensure students, 243 are in their generic BSN program, 51 students are in their Associate Degree option. In addition, there are 81 LVN-ASN and 17 LVN-BSN, with one in the RN-BSN track. The Program admits four times a year and has rolling admission. Clinical placements are worked through the San Diego's Consortium for clinical placement, and they have been able to find appropriate sites for their students' experiences.

There are ten (10) FT faculty, including the Director and Assistant Director, and 72 PT faculty providing instruction and supervision of students. Both the Director and Assistant Director have 80% release time each and have teaching responsibilities. The FT faculty group is dedicated hard-working educators, who work well as a group and have high standards for their students. Students spoke of faculty's willingness to assist and provide learning opportunities.

Faculty have plans to integrate simulation into their curriculum starting this fall. At the time of the visit, the Lab Coordinator position remained unfilled, and each faculty, if needed, would provide individual instruction in the lab. This unfilled Lab Coordinator position is critical for the success of students related to the organization of the lab, remediation and tutorial available to students, and with the implementation of simulation into clinical instruction. Therefore, this position should be filled as soon as possible.

The FT faculty, usually the lead faculty, works with four (4) to (6) PT faculty. Although the program has in place steps to include all faculty to participate in curriculum development and implementation, the

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faculty turnovers and the frequency of admission cycle provides little time for critical review and evaluation of the curriculum.

Concerns related to faculty and the curriculum issues were discussed with the faculty, Director and Dean for additional FT faculty positions, considering the proportion of FT to PT, and formalizing the faculty orientation program currently being done informally.

ACTION: Continue Approval of National University Baccalaureate Degree Nursing Program. Submit a progress report on the recommendations to NEC by December 31, 2008.

MSC: Dietz/Phillips

Public input: None

10.2.2 Fresno City College Associate Degree Nursing Program

Stephanie Robinson, RN, B.S.N., M.H.A., CPHQ, is the Director of the Nursing Program.

K. Weinkam, NEC, presented this report. Fresno City College was established as California's first community college in 1910. It awards the Associate in Science degree in Nursing. It admits students three times a year and currently has 271 enrolled students. The program continues to offer the paradigm program in which area hospitals contract with Fresno City College for education and provide their employees with release time to pursue their degrees while working. Now that West Hills College Lemoore has been approved to offer its own prelicensure nursing program, Fresno City College no longer enrolls students there in its previously approved satellite program. The program's NCLEX pass rate for first-time test takers ranges from 74% to 86% for the past five years, with the pass rate for 2006-2007 being 81%.

Carol Mackey and Kay Weinkam, NECs, conducted a regularly-scheduled continuing approval visit from April 22-24, 2008. The program was found to be in non-compliance with Regulations 1424(b)(1) Total Program Evaluation; 1424(h) Faculty Qualifications; 1426(a) and (c)(1) Curriculum; and 1427(c) Clinical Facilities. Four recommendations were made.

As a response to the Findings, the program forwarded a copy of the agenda for a FCC Curriculum Committee meeting in which a revision to Registered Nursing 10 Psychiatric and Mental Health Nursing Clinical was presented that restored 0.5 unit to the program.

The program developed a plan so that the students who completed the clinical course for which units had been reduced were given the opportunity to acquire the requisite hours. The course has been revised and approved at the College level to restore the one-half unit to the clinical course in psychiatric/mental health nursing so that the program is now in compliance with CCR Sections 1426(a) and (c)(1).

The program also submitted progress reports June 27th and September 19th, 2008. The program indicates it has established a plan for program evaluation and action on identified areas for modification or implementation. Program faculty met May 6 and established committees that met in August to begin evaluation of the program. It is expected that there will be one student representative from each semester on each committee. The committees will address the Recommendations for Section 1424(b), (g), and (k) as part of its discussions.

The program's statements about its areas of strength and areas that need improvement were presented to the committee, as are two pages from the self-study developed for the College that constitute part of its progress report. The program has now submitted a plan for a major curriculum change that is the result of several years work on behalf of the faculty.

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The template for the affiliation agreements meets the requirements for CCR Section 1427, and the program indicated that it could not meet the July 1, 2008, deadline for getting the agreements that comply with the regulation signed by the appropriate facilities and requests an extension until November 30, 2008. A progress report related to having obtained signatures on the agreements for all clinical facilities used by students for providing care is to be submitted by December 31, 2008.

ACTION: Continue Approval of Fresno City College Associate Degree Nursing Program. Submit a final progress report by December 31, 2008.

MSC: MSC: Dietz/Phillips

Public input: None

10.2.3 Mendocino College Associate Degree Nursing Program

Barbara French PhD, MSN, FNP, RN Director of the program.

J. Wackerly, NEC, presented this report. On April 21, 22, 23 2008, J. Wackerly RN, NEC, conducted a continuing approval visit at Mendocino College Associate Degree Nursing Program. There were no areas of non-compliance and no recommendations were made.

Mendocino College Nursing Program was first approved by the board in September 2003 as a LVN-RN program. The nursing program was visited in 2005 for the first year completion of the LVN to RN program, with the first cohort RN-NCLEX pass rate of 78.57%.. The Mendocino College nursing program requested board approval for a generic RN ADN program that was approved in May 2005. The nursing program was visited first year completion of generic RN program in 2006. The nursing program has been using the ATI testing with 70% pass rate for student success and each course has an ATI test. The Chancellor's office formula is used for admission criteria. There have been three cycles of nursing students with the following NCLEX pass rate for first time test takers 2005-2006 88.89%; 2006-2007 83.33%; and 2007-2008 89.47%.

Mendocino College is located in Ukiah California a rural community. The program utilizes acute hospitals and clinic agencies in Ukiah, Willits, Santa Rosa, Lakeport, and Children's Oakland to implement the curriculum. The program has limitation for expansion due to limited acute care clinical facilities. The program utilizes Santa Rosa Medical Center and Kaiser Santa Rosa for acute care complex patient assignments. The program utilizes four rural hospitals, Ukiah Valley Medical Center, Howard Hospital Willits, Sutter Lakeside Hospital and Rosebud Hospital. Rural health clinics and private primary clinics are utilized for student learning experiences.

The nursing students are supported by the nursing faculty in their learning activities; students state they have adjusted to the travel to get the best clinical experiences in Santa Rosa and the rural hospitals and clinic agencies. The students would not give up going to Children's Oakland after having the clinical experience. The faculties are knowledgeable clinicians and competent teachers who are engaged with their students in all learning opportunities. The faculties are available in person and by e-mail to all nursing students, classroom and faculty offices are adjacent to one another. The nursing program has a smart classroom and utilizes a high fidelity manikin for simulation. There is a traditional skills lab within the smart classroom.

Mendocino College Nursing Program has received outside money including Capacity Grants, Song Brown Funds, Howard Hospital Willits provides funds, Medical Society, MC Foundation and a private scholarship funded for students.

ACTION: Continue Approval of Mendocino College Associate Degree Nursing Program.

10.3 APPROVE/NOT APPROVE MAJOR CURRICULUM REVISION

10.3.1 Los Angeles County College of Nursing and Allied Health Associate Degree Nursing Program

Zenaida Reyes, M.Ed Dean School of Nursing; Jeffery Anderson, MSN Assistant Director; Vivian Branchick, CNO/Director of Nursing Affairs, LA County Department of Health Services.

M. Bedroni, SNEC, presented this report. The Los Angeles County College of Nursing and Allied Health (LAC CONAH) faculty requested a major curriculum revision to re-open the extended campus at Olive View-University of California, Los Angeles Medical Center (OV-UCLA).

In 1992 this Board approved an extended campus at the Olive-UCLA site, but in 2003 it was closed because budget constraints. Recently the administration of the OV-UCLA decided that in order to improve access to nursing education for the students from the San Fernando Valley, Santa Clarita, and Antelope Valleys, the extended campus needed to be re-opened. Therefore, a proposal for funding was submitted to LA Care and OV-UCLA was awarded a grant for \$3 million dollars from June 2007 through June 2010. These grant funds will offset costs to hire faculty and staff, to develop and manage the extended campus, to purchase equipment and supplies and to recruit and enroll students. Furthermore, this grant allocated funding for clerical support, a library assistant and a librarian at the main campus.

In addition the LAC Department of Health Services has committed to provide extra administrative positions to support an Administrative assistant for financial aid, Staff assistant for office management and an Information Systems Analyst to oversee computer systems and processes at both campuses. All the positions funded are fulltime positions.

The curriculum offered at the extended campus is the exact replica of the one at the primary site. All policies and procedures at both sites are exactly the same. Student services will replicate those services provided to students in the main campus. Faculty and students will be members of the different committees at the main campus and will have same or comparable resources available at both campuses. The entire faculty as a group will be responsible to implement and evaluate all aspects of the nursing program at both sites main and extended campus.

The Dean of the School of Nursing at the main campus will have the administrative oversight of the extended campus however; an Assistant Director will coordinate the extended program at the site. The total staff for the site will be ten full time employees. The faculty will consist of one senior faculty/assistant director, one skills lab coordinator, four nursing instructors, one librarian, one library assistant, and two typists.

The Olive View Extended Campus will have one cohort of 20 students per semester, with a faculty/student ratio of 1:10. Although the OV-UCLA Medical Center is currently been utilized by several other nursing programs in the community, the medical center assures this Board that the admission of these new extended campus students will not displaced the clinical opportunities of the other students.

The proposed extended campus will be located at the OV-UCLA MC Education Center. The site was visited and includes sufficient space for faculty offices, classrooms, skills lab, computer lab, office and reception space. The librarian and the library assistant will have space provided at the library.

ACTION: Approve Major Curriculum Revision for Los Angeles County College of Nursing and Allied Health Associate Degree Nursing Program to re-open the extended campus site at the Olive View-UCLA Medical Center to offer prelicensure nursing program.

MSC: MSC: Dietz/Phillips

Public input: None

10.4 ACCEPT/NOT ACCEPT FEASIBILITY STUDY FOR PRELICENSURE NURSING PROGRAM

10.4.1 Concorde Career College, North Hollywood, Associate Degree Nursing Program

Sherry Almond, Director; Michelle Welch, Regional Nursing Director and other members of CCCNH were present in the audience.

M. Bedroni, NEC, presented this report. Concorde Career College, North Hollywood (CCCNH), submitted the first version of the feasibility study July 2007. A detailed letter was sent to the program indicating the areas that needed further clarification. The second revised revision was presented to the ELC last March 2008. At the time the, the ELC deferred action. This last revision was submitted August 2008.

CCCNH is a privately owned institution, for-profit, located in North Hollywood and serving other surrounding cities of Los Angeles County. The college is located at 12412 Victory Blvd. North Hollywood. The college consists of 30,000 square foot building. Two classrooms are dedicated to the proposed program, one accommodate 34 students the other 40 students. There are three computer labs. There are apparently sufficient spaces allocated for the director, secretary, skills lab and students. Other resources such as a library are available to students.

CCCNH is accredited by the Accrediting Commission of Career Schools and Colleges of Technology (ACC SCT) and currently has programs such as Massage Therapy, LVN, Medical Assistant and others. This organization accredits programs that educate students for occupational, trade and technical careers, and including institutions that offer programs via distance education. (<http://www.accsct.org>)

CCCNH received approval from the Bureau of Private Post Secondary and Vocational Education (BPPVE) that expires December 31, 2008. However, BPPVE is no longer in existence, and therefore, CCCNH will not have the ability to grant degrees after December.

The program has revised the service area to a 25-mile radius from the school, but still has identified 47 vocational programs, 14 associate career programs and four BSN programs within this radius.

In preparation for this program CCCNH conducted their own feasibility study, prepared October 2006 and updated June 2007, to find the need for this program (F.S. exhibit 7). The summary statement of that document clearly stated that only five of the 12 acute hospitals expressed their openness to discuss placement of students in their clinical area. It, also, stated that there are limiting numbers of clinical slots in acute care hospitals in the area. CCCNH plans to utilize the following clinical agencies for student rotations:

- **Burbank Health Care Center** - The clinical facility form indicates a census of 179 patients. However, the units available indicate a census of 35 M/S patients with one RN and 144 geriatric patients with one RN. This agency is currently utilized by other schools.
- **Motion Picture TV Fund** – a LTC facility. This agency is also utilized by four other programs and the form indicates the presence of only one RN for 149 patients.

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- **Veterans West LA** (acute) – The signed form indicates placement in two wards. However, the form is incomplete and it is difficult to read.
- **Verdugo Hills** (acute) – This hospital is utilized by many other programs. The units identified are M/S, census of 30 patients, Obstetrics, census of 10 patients, and Psych, census of 20 patients.
- **Mission Community Hospital** (acute) – Form is incomplete and currently this agency is utilized by three other LVN programs.
- **Hubert Humphrey Clinic** – There is a census of 100 patients, only two RNs. Can only place two students at a time. The form is also incomplete.
- **Pacifica Hospital** (acute, subacute, and Mental Health) – The daily census in M/S is 27, Obstetrics, 8, Pediatrics 3, and Psych 35. Can only place 4, 3, or 1 at a time.
- **Glendale Adventist Medical Center** – the form is incomplete. They can place students in M/S, five students, Obstetrics, not more than three, and Psych, not more than five. The form is not signed.

The feasibility submitted indicates that only two of the potential clinical facilities plan to expand within the next two years (Mission Community and Glendale Adventist Medical Center). Therefore, based on the above information, there is a great concern for clinical placement.

CCCNH proposes an Associate Degree Nursing Program (Generic Option) of one year and two months. This option will have 60 weeks in length, consisting of six (6) ten (10) weeks terms. The program will have 75.5 units. Twenty one (21) semester units of nursing theory and eighteen (18) semester units for clinical.

The units as submitted need revision. There is also a “Bridge Option” with 77.5 semester units. LVNs entering this program will be given for thirteen units for LVN licensure and their education. The curriculum does not have all the required subject matter. Currently the program has completed an articulation agreement with a private university, University of Phoenix, for transferability of units.

CCCNH proposes to admit the first cohort of 30 students in the first quarter of 2009. Therefore, the program will enroll 60 students per year. The program plans to recruit faculty as the curriculum is developed and to have a ratio of 15 student/per faculty

CCCNH has allocated \$325,000 for start up cost of the proposed program and the Hollywood campus in addition to the parent corporation state that they will be able to support this new program.

The major areas of concern for this proposed program are: their ability to grant degrees, clinical placement, resources, faculty recruitment, proposed curriculum and transferability of units and accreditation.

With the number of nursing programs (18) already existing within the 25 mile radius of the proposed nursing program, ELC member raised the question whether the feasibility study addressed the need for another prelicensure program in this location, recognizing that there is a nursing shortage. There were, also, concerns related to adequacy of clinical placements by the committee. Additionally, CCCNH will not have degree granting authority to offer an Associate of Arts Degree, and therefore, will not meet the Board requirements. The program needs to clarify degree granting issues, clinical placements, and articulation agreements.

Sherry Almond, Director, reported to ELC that CCCNH has a very successful LVN program and that they have been working with clinical sites and completing all required forms.

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Paul De Giusti of CCCI/Everest College raised an issue related to BPPVE. It was his argument that in its absence, there was no authority that issued authority to grant degrees for private, post-secondary schools. Discussions related to degree-granting and accreditation followed but tabled for discussion during Agenda Item 10.5.1.

ACTION: Not Accept the Feasibility for Concorde Career College, North Hollywood, Associate Degree Nursing Program.

MSC: MSC: Dietz/Phillips

Public input: Patrick Debold, VP of Academic Affairs, CCCI, thanked the Committee and indicated that the college will correct the deficiencies and resubmit the feasibility study.

10.5 INFORMATION ONLY

10.5.1 Information only: National and Regional Accreditation Agencies

M. Bedroni, NEC, presented this report. The purpose of this informational item is to clarify two issues: degree granting requirements and accreditation.

For the last few months the Board has received feasibility studies from private organizations that currently do not have the authority to grant degrees in the State of California, as the Bureau of Private Post Secondary and Vocational Educational (BPPVE) is not longer in existence. If the institution cannot grant degrees then this Board cannot proceed with the approval steps. Below is the section addressing approval of schools.

The Business & Profession Code states under Section **2786. Approval of Schools**

(a) An approved school of nursing is one which has been approved by the board, gives the course of instruction approved by the board, covering not less than two academic years, is affiliated or conducted in connection with one or more hospitals, and is an institution of higher education or is affiliated with an institution of higher education. For purposes of this section, "institution of higher education" includes community colleges offering an associate degree. An approved school of nursing which is not an institution of higher education shall make an agreement with an institution of higher education in the same general location to grant an associate of arts degree to individuals who graduate from the school of nursing or to grant a baccalaureate degree in nursing with successful completion of an additional course of study as approved by the board and the institution involved.

It is unclear after the demise of the BPPVE which state agency will take over the role of the BPPVE to give private colleges and universities the authority to grant degrees in California. However, SB 823 is at the governor's office pending signature and this bill will change the name of the Bureau of Private Postsecondary and Vocational Education to the Bureau of Private Postsecondary Education. If signed this legislation will be known as the California Private Postsecondary Education Act of 2008.

Accreditation

The document titled "Instructions for Institutions Seeking Approval of New Pre-licensure Nursing Programs" referenced in the proposed regulation requires that the program seeking approval needs to be accredited. Many of these private organizations sometimes called "colleges" or "universities", may or may not have accreditation. Some may have it for some of the programs they offer such as massage therapy, EKG technician, laboratory technician, or licensed vocational nursing. This accreditation is mandated by the Department of Education for their students to be eligible to obtain educational funding. The accreditation status does not give them the authority to grant degrees as this authority comes from the state.

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A review of several accreditation agencies was done and many phone conversations with key people from these agencies occurred. For the purpose of clarification a brief description of the agencies most commonly utilized from these private organizations follows:

US Department of Education

The United States has no Federal Ministry of Education or other centralized authority exercising single national control over postsecondary educational institutions; therefore institutions widely varied in the quality of their programs. However, the States assume varying degrees of control over education.

To ensure basic level of quality, accreditation arose as means of conducting non-governmental, peer evaluation of educational institutions and programs. Private educational associations of regional or national scope adopted criteria reflecting the qualities of a sound educational program and developed procedures for evaluating institutions or programs to determine whether or not they are operating at basic levels of quality.

There are two types of educational accreditation: institutional and programmatic. Institutional accreditation normally applies to an entire institution and programmatic accreditation normally applies to programs, departments, or schools that are parts of an institution. (<http://www.ed.gov>)

The U.S. Department of Education does not accredit colleges, universities or other postsecondary institutions. Accreditation in the U.S. is done by "accrediting agencies" -- private regional or national associations that have adopted criteria reflecting the qualities of a sound educational program and have developed procedures for evaluating institutions or programs to determine whether or not they are operating at basic levels of quality. The fact that a college or postsecondary institution is accredited does not guarantee that credits or degrees earned at that institution will transfer to another institution or be recognized by a potential employer. Acceptance of students or graduates is always the prerogative of the receiving institution or employer. (<http://www.ed.gov>)

Some of the functions of accreditation listed under the US Department of Education website are cited below:

1. Verifying that an institution or program meets established standards;
2. Assisting prospective students in identifying acceptable institutions;
3. Assisting institutions in determining the acceptability of transfer credits;
4. Helping to identify institutions and programs for the investment of public and private funds;
5. Protecting an institution against harmful internal and external pressure;
6. Creating goals for self-improvement of weaker programs and stimulating a general raising of standards among educational institutions;
7. Involving the faculty and staff comprehensively in institutional evaluation and planning;
8. Establishing criteria for professional certification and licensure and for upgrading courses offering such preparation; and
9. Providing one of several considerations used as a basis for determining eligibility for Federal assistance. (<http://www.ed.gov>)

The Secretary of Education is required by law to publish a list of nationally recognized accrediting agencies that the Secretary determines to be reliable authorities as to the quality of education or training provided by the institutions of higher education and the higher education programs they accredit.

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The U.S. Secretary of Education also recognizes State agencies for the approval of public postsecondary vocational education and State agencies for the approval of nurse education such as National League for Nursing Accrediting Commission and the Commission on Collegiate Nursing Education, the American College of Nurse-Midwives, Accreditation Commission, and the Council on Accreditation of Nurse Anesthesia Educational Programs. Each of the postsecondary educational institutions and programs contained within the database is, or was, accredited by an accrediting agency or state approval agency recognized by the U.S. Secretary of Education as a “reliable authority as to the quality of postsecondary education” within the meaning of the Higher Education Act of 1965, as amended (HEA).

- (a) Pursuant to section 438(b) of the Higher Education Act of 1965 as amended by the Public Law 92-318, the United States Secretary of Education is required to publish a list of State agencies which he determines to be reliable authorities as to the quality of public postsecondary vocational education in their respective States for the purpose of determining eligibility for Federal student assistance programs administered by the Department of Education.
(<http://www.ed.gov>)

The clear intent of the accrediting agencies listed under the US Department of Education is for determining if the programs meet the eligibility for student federal assistance.

The US Department of Education website also indicates that for years there have been some kind of non-governmental coordinating agency that exist primarily for the purpose of coordinating and improving the practice of accreditation. First was the Council on Postsecondary Accreditation (COPA), which was established in 1974 and existed until 1993. Its purpose was to foster and facilitate the role of accrediting agencies in promoting and ensuring the quality and diversity of American postsecondary education. After COPA dissolved in December 1993, a new entity, the Commission on Recognition of Postsecondary Accreditation (CORPA) was established in January 1994 to continue the recognition of accrediting agencies previously carried out by COPA. CORPA was dissolved in April 1997 after the Council on Higher Education Accreditation (CHEA) was created. CHEA is currently the entity that carries out a recognition function in the private, nongovernmental sector. (<http://www.ed.gov>)

Council for Higher Education Accreditation (CHEA)

Is a nongovernmental higher education organization that scrutinizes the quality of a universe of accrediting agencies. It is the largest institutional higher education membership organization in the United States, with approximately 3,000 degree-granting colleges and universities and recognizes 60 institutional and programmatic accrediting organizations. It is governed by a 20-person board of college and university presidents, institutional representatives and public members.

The federal government, through the U.S. Department of Education, conducts governmental recognition reviews. Recognition is the scrutiny and certification of the quality of regional, faith-based, private career and programmatic accrediting organizations. CHEA is the only nongovernmental higher education organization that undertakes this scrutiny. CHEA is currently the entity that carries out a recognition function in the private, nongovernmental sector.

CHEA's commitment to the coordination and improvement of quality review is based on seven principles. These principles provide the foundation for the CHEA mission statement, the organizational functions described in the CHEA Bylaws and the CHEA Recognition Policy.

- *Quality Assurance.* CHEA will apply its recognition standards and sustain ongoing review of its participating accrediting organizations to assure high quality of organizational performance.

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- *Leadership.* CHEA will provide thoughtful leadership to formulate issues related to quality assurance; to develop needed tools and strategies to sustain the value of quality assurance to institutions, accreditors and students; and to advance change and needed improvement in quality assurance in higher education.
- *Advocacy.* CHEA will be a forceful and articulate advocate for voluntary accreditation of higher education to the public, government and other interested individuals, groups and countries.
- *Service.* CHEA will consistently provide high-quality research, policy analysis and service to its member institutions, accrediting organizations, students and the public.
- *Core Values.* CHEA will maintain the core academic values central to higher education and quality assurance. These include, for example, the values of general education, collegiality and academic freedom.
- *Independence.* CHEA will be an independent and authoritative voice for the strengthening of accreditation to strengthen higher education.
- *Inclusion.* CHEA will sustain an environment of active consultation and participation among its member institutions and participating organizations, as well as encourage cooperation and exchange throughout the higher education and quality assurance communities.

(Adopted by CHEA Board of Directors, January 2000)

<http://www.chea.org>.

The above information clearly indicates that CHEA approves accrediting agencies that accredit degree granting programs, and verifies that the respective organizations have authority to grant degrees.

Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT)

Since 1967, the Commission has been continuously recognized by the U.S. Secretary of Education. However, this agency is not recognized by the CHEA, because they don't meet the eligibility requirements as its membership is less than fifty percent degree granting programs. However, it is recognized by the US Department of Education under the Higher Education Act previously mentioned above.

ACCSCT's scope of recognition includes the accreditation of private, postsecondary, non-degree-granting institutions and degree-granting institutions in the United States, including those granting associate, baccalaureate and master's degrees, that are predominantly organized to educate students for occupational, trade and technical careers, and including institutions that offer programs via distance education. (<http://www.accsct.org>)

This information clearly states that this organization accredits programs that are to educate students for occupational, trade and technical programs not professional programs such as registered nursing programs.

Council on Occupational Education (COE)

The Council was incorporated as a non-profit education organization under laws of the State of Georgia in June 1994. At the end of June 1995, the Council became a fully operational agency. Its current scope of recognition is as a national institutional accrediting agency for the accreditation of non-degree-granting and applied associate degree-granting postsecondary occupational education institutions. The mission of the Council is "assuring quality and integrity in career and technical education." The Council is a nationally-honored seal of excellence for occupational education institutions. One objective is to foster excellence in the field of career and technical education by establishing standards and guidelines for evaluating institutional effectiveness. (<http://www.council.org>)

Accrediting Bureau of Health Education Schools (ABHES)

This agency provides accreditation of private, postsecondary institutions in the United States offering predominantly allied health education programs and the programmatic accreditation of medical assistant, medical laboratory technician and surgical technology programs, leading to a certificate, diploma, Associate of Applied Science, Associate of Occupational Science, or Academic Associate degree, including those offered via distance education. (<http://www.abhes.org>)

Western Association of Schools and Colleges (WASC)

The Western Association of Schools and Colleges (WASC) is one of six regional accrediting associations in the United States. The Association provides assistance to schools located in California, Hawaii, Guam, the Commonwealth of the Northern Marianas, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, Fiji, and East Asia. The affairs of WASC are administered by a board of directors composed of representatives from the three commissions that are listed below:

(1) Accrediting Commission for Senior Colleges and Universities; (2) Accrediting Commission for Community and Junior Colleges; 3) Accrediting Commission for Schools. (Some of the private vocational programs are approved by this Commission)

This agency is recognized by CHEA

Accrediting Council for Independent Colleges and Schools (ACICS)

This agency accredits private postsecondary institutions offering certificates or diplomas, and postsecondary institutions offering associate, bachelor's, or master's degrees in programs designed to educate students for professional, technical, or occupational careers, including those that offer those programs via distance education. (<http://www.acics.org>)

Accrediting and Higher Education Opportunity Act of 2008

Another very important piece of information is the newly approved Accreditation and the Higher Education Opportunity Act of 2008 approved August 14, 2008. One of the significant changes within the eight accreditation areas is the inclusion of #6 the role of the institutional mission. Attached is a copy.

In summary the authority to grant degrees is only given to private schools by a state agency. At this time is not known if the Governor will sign SB823. If signed this legislation will be known as the California Private Postsecondary Education Act of 2008 and will take over the role of the BPPVE to give private colleges and universities the authority to grant degrees.

CHEA is currently the entity recognized by the US Department of Education that carries out a recognition function in the private, nongovernmental sector.

Public Input: Much discussion occurred following M. Bedroni's report. Paul DeGiusti addressed the Committee and pointed out various sections of the report, which he stated were incorrect. Dr. Paul Bott, of ACCSCT, spoke on the ACCSCT, the meaning of recognition by US DOE and CHEA. Dr. Bedroni reviewed requirements for school of nursing per BPC section 2786(a). Ruth Ann Terry, EO, re-emphasized that a school applying for the Board approval must have degree-

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granting authority as required by this section. Ms. Terry, also, clarified that this Board does not have any jurisdiction with degree granting authority of a college. The Board members thanked the public for their comments and indicated they will take the comments received from this meeting under advisement.

10.5.2 Information Only: Clinical Rotations Out of State

M. Bedroni, SNEC, presented this report. An inquiry was done to Nevada, Arizona and Oregon states in reference to nursing programs conducting clinical rotations out of state. All three states addressed the issue in their respective rules and regulations. A description follows:

Arizona

The Board has a provision for distance learning programs and out of state programs. This is a fairly new section that became effective March 7, 2005. A nursing program located outside of Arizona that wishes to provide clinical experiences in Arizona shall obtain Board approval before offering a clinical rotation. There is a process that the program must follow that includes a self study and a statement regarding the anticipated effect on clinical placement for students enrolled in an Arizona approved nursing program.

The Board determines the compliance to meet specific requirements and may accept or deny the application. If denied, there is a hearing procedure to follow. Furthermore, the Board may rescind n approval held by an out of state nursing program to conduct clinical instruction in Arizona. Clinical faculty must have a license in Arizona.

In reference to allowing students seeking clinical experiences outside of Arizona, the nursing program must check with that state.

Nevada

Nursing programs wishing to conduct clinical experiences in Nevada must obtain approval from the Board. The application packet is very extensive (attached)

The process has not been used very often, however; the following programs are listed as approved. The only California program approved is an LVN program.

Dixie State College of Utah Department of Health Sciences Nursing Program 225 South 700 East St. George, UT 84770	Lassen Community College P.O. Box 3000 Susanville, CA 96130	Mojave Community College 1971 Jagerson Avenue Kingman, Arizona 86401
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Programs conducting a portion of its program in Nevada must also report to the Board that they are accredited or approved by the originating state and complete an annual report. Faculty must have a Nevada license. In reference to allowing students seeking clinical experiences outside of Arizona, the nursing program must check with that state.

Oregon

Oregon Administrative Rules for Nursing Education Programs allow students from another state to engage in supervised clinical practice in Oregon.

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The expectation is that the program does provide adequate and appropriate instructor supervision, even if the student is working directly with a nurse preceptor. Furthermore, the program must meet all other Oregon Standards as well, such as having an agreement in place with each facility used, and having a policy for selection of clinical sites that includes, at a minimum, that the practice site "shall be fully approved by the appropriate accreditation, evaluation or licensing bodies, if such exist."

Additionally, Oregon Administrative Rules for Nursing Education Programs do allow students from Oregon to engage in clinical practice (with instructor supervision) in another state. Clinical faculty shall have a registered nurse license to practice and meet the requirements in the state in which the clinical experiencing is occurring.

All three states regulations related to out of state programs are attached. In summary, all three states:

- Require Board approval
- Must follow the state requirements for education
- Require clinical faculty to have a license in the state where the clinical experiences are occurring.
- Have the authority to review and rescind Board approval pending a review.

10.5.3 Information Only: NCLEX Pass Rate Update

K. Daugherty presented this report. The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for 12 months and by each quarter.

NCLEX RESULTS – FIRST TIME CANDIDATES

October 1, 2007 -September 30, 2008

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED %
California	9,660	87.22
United States and Territories	128,288	86.67

CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES

By Quarters and Year October 1, 2007 – September 30, 2008

10/01/07- 12/31/07		1/01/08- 3/31/08		4/01/08- 6/30/08		7/01/08- 9/30/08		10/01/07- 09/30/08	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
682	75.37	3,031	89.21	1,850	88.05	4,097	87.33	9,660	87.22

**Includes (9), (4), (7) and (9) "re-entry" candidates*

4/1/07 Passing standard increased to -0.21 logits & revised NCLEX-RN Test Plan implemented.

The Nursing Education Consultants monitor the NCLEX results of their assigned programs. Current procedure provides that after each academic year, if there is substandard performance (below 70% pass rate for first time candidates), the NEC requests that the program director submit a report outlining the program's action plan to address this substandard performance. Should this substandard performance continue in the second academic year, an interim visit is scheduled and a written report is submitted to the Education/Licensing Committee. If there is no improvement in the next quarter, a full approval visit is scheduled within six months. A report is made to the Education /Licensing Committee following the full approval visit.

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K. Daugherty reported that the Board is working with National Council to schedule two regional faculty workshops in 2009 that focus on NCLEX test exam writing and test plan. There is also Magic in Teaching and Simulation Conference schedule in November 13 and 14th in San Francisco.

10.6 OPEN FORUM – None

Meeting adjourned at 12:08 PM.

Submitted by:

Approved by:

Miyo Minato, MN, RN
Nursing Education Consultant

Elizabeth Dietz, EdD, RN, CS-NP
Chairperson

**BOARD OF REGISTERED NURSING
EDUCATION/LICENSING COMMITTEE MINUTES**

DATE: August 21, 2008

TIME: 10:00 AM to 1:00 PM

LOCATION: DoubleTree Guest Suites
2085 S. Harbor Blvd
Anaheim, CA 92802
Phone: 714-750-3000

PRESENT: Elizabeth Dietz, EdD, RN, CS-NP, Chair
Susanne Phillips, RN, MSN, APRN-BC, FNP

NOT PRESENT: Andrea Guillen-Dutton, Public Member

STAFF PRESENT: Louise Bailey, MEd, RN, SNEC; Maria Bedroni, EdD, RN, SNEC; Badrieh Caraway, MS, RN, NEC; Katie Daugherty, MN, RN, NEC; Miyo Minato, MN, RN, NEC; Janette Wackerly, RN, MBA, RN; Kay Weinkam, RN, MS, NEC; Louisa Gomez, Licensing; LaFrancine Tate, Board Members; Heidi Goodman, AEO.

Dr. Elizabeth Dietz, Chair, called the meeting to order at 10:10 AM. Committee members introduced themselves.

1.0 APPROVAL OF MAY 8, 2008 MINUTES.

ACTION: Approve the Minutes of May 8, 2008.

MSC: Phillips/Dietz

Public input: None

2.0 RATIFY MINOR CURRICULUM REVISIONS

- 2.1 Western University of Health Sciences, Entry Level Master's Degree Nursing Program
- 2.2 Biola University Baccalaureate Degree Nursing Program
- 2.3 Dominican University of California Baccalaureate Degree Nursing Program
- 2.4 West Coast University Los Angeles Baccalaureate Degree Nursing Program
- 2.5 West Coast University Orange County Baccalaureate Degree Nursing Program
- 2.6 Butte College Associate Degree Nursing Program
- 2.7 Rio Hondo College Associate Degree Nursing Program
- 2.8 San Joaquin Delta College Associate Degree Nursing Program
- 2.9 Unitek College, LVN to RN Associate Degree Nursing Program
- 2.10 Western Career College LVN to RN Associate Degree Nursing Program

Progress report made by NECs on the following programs:

- 2.11 California State University, Dominguez Hills, Entry Level Master's Degree Nursing Program
- 2.12 California State University, Northridge, Accelerated Baccalaureate Degree Nursing Program
- 2.13 University of California, Irvine, Baccalaureate Degree Nursing Program
- 2.14 Citrus College Associate Degree Nursing Program
- 2.15 Mira Costa College LVN to RN Associate Degree Nursing Program

ACTION: Ratified Minor Curriculum Revisions.

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MSC: Phillips/Dietz
Public input: None

3.0 CONTINUE/NOT CONTINUE APPROVAL OF NURSING PROGRAM

3.1 Loma Linda University Baccalaureate Degree Nursing Program

Marilyn Herrmann, PhD, RN is the Dean, Undergraduate Program since 2006.

B. Caraway, NEC, presented this report. A continuing approval visit was conducted on April 16 – 17, 2008 at Loma Linda University Baccalaureate Degree Nursing by B. Caraway, NEC, and M. Bedroni, SNEC. The program was found to be in compliance with all the Board rules and regulations. Two recommendations were given: Section 1426(d) Curriculum, and Section 1424(h) Faculty (Development). The program responded to the two recommendations.

During the last five years the program has experienced a number of changes in several areas such as leadership, increased number of faculty and students from 326 in 2003 to 545 in 2007, minor curriculum revisions, and the utilization of Kaplan NCLEX Review Course. The program's NCLEX pass rate from 2003-2007, ranged from a low of 78.57% (2003) to the current high of 100%. Students have the option to sit for NCLEX at the completion of the third year or at the end of the BSN

The program has an extensive library holding and online access from any PC. There is a skill lab with two faculty assigned to assist students and faculty. There are several resources and computers to assist faculty and students. In addition the program has access to the state of the art University Medical Simulation Center (MSC) developed by the school of medicine and utilized by all multidisciplinary team members. A new MSC building is slated for completion in 2009.

The school received a grant from the Foundation to specifically assist students from underrepresented diverse background to complete the nursing program.

ACTION: Continue Approval of Loma Linda University Baccalaureate Degree Nursing Program.

MSC: Phillips/Dietz

Public input: None

3.2 Bakersfield College Associate Degree Nursing Program

Cindy Collier, MSN, RN, is the Executive Director Health Services Programs for Kern Community College District (CCD), which includes Bakersfield, Porterville, and Cerro Coso Colleges.

M. Minato, NEC, presented this report. K. Daugherty and M. Minato, NEC's, conducted a continuing approval visit on April 22 to 24, 2008 at Bakersfield College ADN Program. The program was in compliance with Board rules and regulations. Four recommendations were made in CCR Sections 1424(d) Resources (Porterville College Campus), 1424(e) Director's Release Time, 1426(d) Curriculum, and 1428(a) Student Participation.

The Bakersfield College (BC) has increased enrollment and has added programs since 2003. BC implemented distance education nursing programs at Porterville and Cerro Coso Colleges, adding 50 students per year, and doubled their enrollment at BC, increasing annual admission to 160. Current enrollment of nursing students at the three campuses in Kern CCD is 330 students.

With expansions and many grants supporting different programs throughout the district, there was an organizational change in 2006 to establish a new position in which Cindy Collier was appointed as the Executive Director of Health Services Programs overseeing three campuses that involved a total of eleven allied health programs besides the RN programs (BC – LVN, CNA, EMT-1, EMT-Paramedic, Radiology; Porterville – VN, Psych Tech, EMT; Cerro Coso – VN, CNA, MA).

While acting as the Executive Director of Health Services Programs, Cindy Collier still serves as the ADN Program Director for the entire RN program. There are two Assistant Directors at BC, an Assistant Director at Porterville, and a Coordinator at Cerro Coso, who provide administrative support.

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However, administrative responsibilities of keeping all programs running take many long hours. The size of the nursing program necessitates that there be a RN program director dedicated to the ADN program. College Administration had planned to have two separate administrative positions when organizational structure changed and still intends to do so. Dr. Andrews, the College President, gave a firm commitment to addressing this concern.

Faculty number has increased correspondingly to student enrollments. At the time of the visit there were 17 FT and 25 PT faculty. With their distance education program, some of the faculty members were teaching in two campuses. The program had implemented Faculty Mentoring Program as well as the annual faculty retreat to help with faculty development of large number of new and PT faculty that joined the program. Faculty and CTA handbooks were made available to assist with their teaching.

Grant funds provided for remodeling of their lab spaces for Simulation Lab and equipment for human simulators. They have added a Simulation Coordinator position to coordinate simulation in all three campuses. Additionally a program to help At Risk Students providing tutorial and referral assistance is in place. Other supports to students include extended lab hours and continued 40 hr Lab staff at BC. Resources and student experiences for learning are similar in all three campuses. Administration gave a firm commitment by the college to continue the programs that have been started by grants when the current grants end.

A new curriculum based on the Chancellor's Curriculum Model was implemented in Fall 2007. Students praised the new learning experiences, and faculty group is excited about the integration of simulation into their curriculum.

ACTION: Continue Approval of Bakersfield College Associate Degree Nursing Program. The program is to submit a progress report due in February 2009 related to hiring of Program Director for Bakersfield College ADN Program.

MSC: MSC: Phillips/Dietz

Public input: None

3.3 Mount San Jacinto College Associate Degree Nursing Program

Joyce Johnson, MSN, RN Associate Dean, Nursing & Allied Health Program since 2007.

B. Caraway, NEC, presented this report. A continuing approval visit was conducted on May 14 & 15, 2008 at Mt. San Jacinto College, Associate Degree Nursing Program by B. Caraway, NEC,, and M. Bedroni, SNEC. The program was found to be in non-compliance with the Board rules and regulations in the areas of CCR section 1424 (b) (1) Total Program Evaluation Plan; 1424(d) Sufficient resources faculty; 1424(g) Faculty evaluation of all aspect of the program, 1424 (e) Director time to administer the program; 1424(h) Lack of content expert for P/MH, and CCR section 1425.1(a) Implementing curriculum content. Four recommendations were made: Section 1424(h) Faculty Role, Section 1425(a) Faculty Responsibilities, and Sections 1428 (a, & c) Student participation.

During the last five years the program has experienced a number of changes in several areas such as leadership, program expansion, increased number of grant funding, which resulted in increasing the number of students from 48 in 2004 to 68 in 2007 & increased number of part time faculty (16 PT & 7FT), expansion of skills lab, and the major curriculum revision.

The interim Associate Dean of Nursing & Allied Health (Nursing program Director) retired in December 2007. The Dean of Instruction -Career and Technical Education (CTE) assumed the added leadership accountability for the nursing & allied health programs (CNA, VN, ADN, CMA, ADS, EMT, & GER), this added responsibility was only as a short term solution. The vacant Nursing Program Director position resulted in the expressed dissatisfaction & frustration by both faculty and students due to lack of leadership & organization in the current nursing program. The vacant Nursing Program Director position is currently under recruitment.

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The program implemented a new curriculum in Fall 2007. The revision was strongly suggested by the NEC from the last Board visit in 2003. The program currently has been challenged with implementing the new curriculum and phasing out the old curriculum. Faculty were divided in their contribution in the planning, development, and implementation of new curriculum and student expressed anxiety/ concerns related to the implementation of the new curriculum. Strengthening the role of the Content Expert to track content throughout the new curriculum and evaluation would enhance the curriculum.

The program does not have sufficient supplies, equipment, faculty and physical space to meet the student's learning needs. There is a full time skill lab coordinator with two part time faculty assigned to assist students. The student expressed the gap between the lecture and faculty checking skills lab. The program needs to re-evaluating the utilization of the skill lab faculty as students had difficulties with faculty checking skills.

The program's NCLEX pass rate from 2003-2007, ranged from a low of 84.62% (2004) to the current high of 91.8 % in 2007. While developing the new curriculum, efforts were made to implement the "Readiness Assessment Testing" by ATI. This challenge has brought about the development of the A-Star (Accomplishing Success Thru Assessment & Remediation) Program. Currently, NCLEX pass rate exceeds the program benchmark of 80%

Multiple grants are operational within the department. An extensive list has been developed and submitted for the purchase and installation of the needed equipment and supplies in the skills laboratories

ACTION: Defer Action to Continue Approval of Mount San Jacinto College Associate Degree Nursing Program. Progress report is due in February 2009.

MSC: Phillips/Dietz

Public input: None

4.0 CONTINUE/NOT CONTINUE APPROVAL OF ADVANCED NURSING PROGRAM

4.1 Loma Linda University Nurse Practitioner Program

Elizabeth Bossett, DNS, MS, RN, Program Director. The program was represented by Dr. Marilyn Herrmann.

M. Bedroni, SNEC, presented this report. LLU offers three active NP options the Adult NP, Family NP and Pediatric NP. The Neonatal NP Option is inactive and was last offered 2006. These options are an integral part of the Masters of Science in Nursing Degree Program. Most of the students are enrolled part time

The units vary from 67-68 quarter units, including 19-20 quarter units in clinical practice depending in the specialty. The first four courses for Adult, Family and Pediatric options include theory and supervised clinical, the final Course is an intensive practicum in which students practice the role of the NP.

The faculty secures clinical placement and clinical preceptors are MDs or NPs. Clinical courses are taught by a team of academic faculty who are NPs with either a Master' or DNS degrees and whom are certified in the appropriate areas

Faculty including the Director of the program constantly consult several sources to maintain a curriculum that is current. The curriculum is based on this Board requirements as well as AACN.

The students have plenty of clinical opportunities. Faculty uses several methods of instruction, such as the simulation lab or OSCE. There are plenty of equipment and computers for students use.

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Faculty are all in current practice. Faculty and students communicate through email, and students utilize a computerized system to keep track of the clinical experiences. They are also required to utilize Blackboard. Two clinical sites were visited.

Two recommendations were given related to maintenance of records and standardized procedures. Faculty responded to the recommendations.

ACTION: Continue Approval of Loma Linda University Master's Degree Nurse Practitioner Program.

MSC: MSC: Phillips/Dietz

Public input: None

5.0 ACCEPT/NOT ACCEPT FEASIBILITY STUDY FOR PRELICENSURE NURSING PROGRAM

5.1 Charles Drew University Entry Level Master's Degree Nursing Program

The program was represented by: Susan Kelly, PhD, President/CEO; Anita Bralock, PhD, RN, Faculty; Ronald Edelstein, EdD, Dean Academic Affairs, Patrick Brady, VP Finance/CFO, and Gail Orum-Alexander, PharmD, Dean of College of Science and Health.

M. Bedroni, SNEC, presented this report. Mervyn M. Dymally School of Nursing at Charles Drew University is located in the Watts-Willowbrook area of south Central Los Angeles in the heart of the largest urban underserved area in the United States. It is one of the most socially and economically disadvantaged communities in California. It was incorporated as a nonprofit private secular post graduate medical school on August 3, 1966. The postgraduate Medical School became a university in 1987 and is accredited by the Western Association of Schools and Colleges (WASC) in addition to several other accrediting agencies.

In three decades the university has graduated more than 500 physicians, 25,000 physician assistants and many more certified health professionals. From 1989-2006 the university offered a Master of Science in Nurse Midwifery, approved by this Board. This program graduated 109 midwives. The program was discontinued in 2006 due to low enrollment.

Charles Dew University campus has been enriched through the construction of a modern biomedical research center and a mental health facility. Charles Drew University resources includes the Learning Resource Center (LRC), the Center for Community and Preventive Medicine and the International Health Institute. Charles Drew University also has the structure for the new proposed nursing program such as classrooms, library, computers and secretarial support. A new building is also under construction.

The budget identifies funds earmarked for building construction and those that are unrestricted. In addition the university has allocated \$1.300.000 million in the next fiscal year to purchase additional simulation equipment, with approximately \$650.000 going towards equipment for nursing. The university was awarded a \$9.5 million NIH-NCRR grant to lead a translational research network and ranked in the top 7% for the level of funding.

Charles Drew University has secured a number of slots for clinical placement. Several sites were able to provide a variety of evening, weekend shifts without displacing other students. There are several letters of support from clinical agencies. However, the clinical forms do indicate that several of the proposed clinical agencies are currently utilized by other nursing programs.

The program proposed is an Entry Level Masters Nursing Program for student holding a minimum of a Baccalaureate degree in a field other than nursing. Students will attend classes year-round with two 15 weeks semesters (fall and spring) in addition to the condensed 12 weeks summer semester. The total

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number of units will be 98 pre-requisites and graduate units. There will be 42 units of pre-licensure content (21 units theory/21 clinical).

Students graduating from this program will be able to assume a role of a direct provider of care, clinical nurse leader, nursing administration, or nursing faculty. Graduates will sit for NCLEX at the completion of the Masters.

The total proposed enrollment will be 40 students per cohort, starting with spring 2009. After the initial cohort is admitted in spring 2009 the program will move to a fall admission cycle only. The maximum number of students enrolled in this program at any given time will be 80 students.

Upon approval of the feasibility study Charles Drew University will hire a qualify Director and faculty. Charles Drew University has already received several inquiries for faculty positions.

ACTION: Accept the feasibility study for Charles Drew University Entry Level Master's Degree Nursing Program.

MSC: MSC: Phillips/Dietz

Public input: None

4.2 Accept/Not Accept Feasibility Study for Advanced Pro Nursing Institute Associate Degree Nursing Program

Jon Murphy, Hooi Yeap, RN, MS, represented the program.

M. Bedroni, SNEC, presented this report. Advanced Pro Nursing Institute (APNI) is located in Alameda County in the city of Hayward, California. Currently 96 students are enrolled. APNI just had their pinning ceremony for the first class of 24 LVN students. The school also offers a CNA program and a Home Health Aid Program, with plans to start an EMT and Medical Assistant program.

The LVN program was started in July of 2007, and another class began in 2008. APNI is a vocational education institution approved by the Bureau for Private Postsecondary and Vocational Education. This agency is now defunct; however, it is alleged they were told by the Department of Consumers Affairs president of CAPPS that the BRN may consider evaluating this feasibility and accept it pending re-opening of the BPPVE.

The feasibility study is deficient in several areas such as characteristics of the population of Hayward, current and emergent health needs of the area, the need for such a program, there are no clinical area forms. There are no letters of support.

The curriculum is also missing required content, no specific units for theory and clinical and it is unclear as to credit given for previous education. The budget is based on tuition reimbursement, and no other budget description was provided. There is no indication as to resources and expenditures.

APNI plans to offer the proposed program with the first cohort of students next January 2009. They plan to admit 70 students per year. There is no indication as to faculty and other resources.

Last September 3, 2007 a detailed letter was sent to APNI indicating the deficiencies of the feasibility study. APNI resubmitted the corrected version. However, this latest version is very similar to the previous report.

Mr. Jon Murphy brought additional material to support their feasibility study. This material was not considered for the committee's response. He informed the committee that Advanced Pro Nursing Institute changed its name to Newport International University following a merger. The Newport International University is accredited by HLC, which is similar to WASC, in the Western Region. He discussed reasons why their revised feasibility met all requirements the Board requested.

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The committee informed the program that the revised feasibility study remains deficient and does not meet the requirements. Dr. Bedroni suggested that they hire a nursing consultant who is familiar with RN education to prepare the feasibility study and resubmit.

ACTION: Not Accept the feasibility study for Advanced Pro Nursing Institute Associate Degree Nursing Program.

MSC: MSC: Phillips/Dietz

Public input: None

4.3 Accept/Not Accept the feasibility study for Institute of Medical Education, LVN to RN Associate Degree Nursing Program

Paulina Van, RN, consultant; PhD, Mallik Pinnamaneni, Director of IME, were present.

M. Bedroni, SNEC, presented this report. Institute of Medical Education (IME) is an independent vocational institution of higher education, serving the area of Santa Clara County, dedicated to offering programs for adult learners in the fields of Vocational Nursing, MRI Technology, Phlebotomy, Medical Assistants and Physical Therapy. IME offers associate degrees and certification programs. The focus of all programs is vocational education.

IME has accreditation from the BPPVE, BVNPT, the American Registry of MRI Technologist and the Western Association of Schools and Colleges (WASC). IME has graduated more than 1000 students in 2006 in various areas of study. The student population is diverse, ages 20 35 years with 39% coming from under-represented groups. IME currently has an LVN program (since 2005) the NCLEX-VN pass rate for 2006 was 72%.

IME proposal is for an LVN to RN Associate Degree Nursing Program. IME conducted a survey of current students enrolled in the LVN classes who are interested in becoming an RN. The survey indicated that 60% would apply for enrollment if IME had a program.

Classes for this proposed program will be offered in a two story building (25,000 sq. ft.) located in downtown San Jose, which houses approximately 10 classrooms, faculty offices, reception area, student library and skill lab. IME is willing to expand to another building for the proposed program

IME has allocated \$900,000 to begin the program. Additionally \$500,000 has been set aside for additional needs. IME is trying to secure clinical placements and has requested a membership in CCPS to become part of the nursing community in the Bay area.

There are letters of support attached to the feasibility study. The clinical facilities are still unclear as to where the students will be placed. The agencies are currently utilized by the many other programs in the same area. The projected enrollment will be 20-30 students increasing by 5% per year. IME is planning to graduate 90 students per year.

As submitted the proposed curriculum still does not meet BRN requirements. The latest version of the feasibility study describes courses for degree and advanced placement indicating the total number of units as 63 units. The units remain unclear. There is a statement indicating that 15 units of credit will be given for previous education; however, it is unclear as to how many units of theory and clinical will be given.

The earliest version of the proposed curriculum was for one year or two semesters, each 16 weeks, with apparently 13 units of clinical and 15.5 units of theory. There is a statement that the curriculum framework is Roy's; however, the course descriptions are not based on the Roy's Model. This section of the feasibility study is very confusing as to units, semesters/quarters, courses, content and competencies.

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Clinical placement, curriculum including courses and vocational focus,, recruitment of qualified faculty and the number of projected enrollment remain areas of concern.

The committee discussed the need for a program to be degree granting and accreditation was needed, since BPPVE is non-operative, before submitting the feasibility study and asked IME to resubmit when their school has received an accreditation from a recognized accrediting organization.

ACTION: Not Accept the feasibility study for Institute of Medical Education, LVN to RN Associate Degree Nursing Program.

MSC: MSC: Phillips/Dietz

Public input: None

6.0 GRANT/NOT GRANT INITIAL APPROVAL OF WEST COAST UNIVERSITY-INLAND EMPIRE BACCALAUREATE DEGREE NURSING PROGRAM

Dr. Dianne Moore, the Executive Dean of Nursing for WCU, Wayne Fletcher, Sr. Vice President of WCU, Dr. Jo Anne Grunow is the newly hired Dean of Nursing at WCU-IE.

M. Minato presented this report. Currently, WCU has two BRN approved BSN programs, one at its Los Angeles campus and the other in Orange County. Both of these programs maintain a heavily subscribed LVN to ASN track of the BSN program.

On June 16, 2008, the BRN accepted a Feasibility Study for a proposed BSN program at WCU-IE. On July 17, 2008, Carol Mackay, NEC, and Miyo Minato, NEC, conducted an initial approval visit for the BSN program at WCU-IE. The proposed program is in compliance with the Board's rules and regulations. Two recommendations were made related to resources and curriculum.

WCU-IE nursing department will have the same curriculum, policies and procedures, evaluation plan etc. as the other WCU campuses. And, like the other campuses WCU-IE will have a separate administrative team, program director, and nursing faculty.

If approved, WCU-IE intends to admit ASN students to the first nursing course in November 2009 (pre-requisites in November 2008). The first BSN student cohort will begin nursing courses in November 2010 (pre-requisites in September 2009). WCU-IE admission plan is to admit 44 ASN students every 10 weeks, and BSN students every 20 weeks.

WCU-IE has hired a dean/director for the nursing program. Pending BRN approval, interviews for the associate dean/ assistant director will be conducted. Nursing faculty will be hired as the program grows. WCU faculty compensation is competitive with the clinical setting, and a comprehensive recruitment plan is in place.

WCU's BSN curriculum reflects AACN's Essentials of Baccalaureate Nursing Education document. The pre-licensure component of the proposed BSN program consists of 46 semester units in the art and science of nursing (28 theory and 18 clinical), 9 units in communication, and 27 units in science for a total of 82 units required for licensure. An additional 43 units are required for the BSN degree, for a total degree requirement of 125 semester units.

Initially, WCU-IE will share a 70,000 square foot two-story building located in Ontario, California near the I-10 and Haven interchange with American Career College (ACC). Space dedicated solely to WCU includes: 5 state-of-the-art classrooms, two science labs, and a skills lab with six beds, 21 faculty pods/cubicles and nursing administration offices. The student common areas and library are shared with ACC. A full complement of student services, such as admissions, financial aid, and computer lab, is available at WCU-IE. The nursing program computer software programs and library holdings are networked to meet the learning needs of nursing students on all WCU campuses. WCU anticipates building a twin building to the existing structure in 2011 for WCU use only.

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WCU-IE will participate in computerized clinical placement system in the area once it receives Board approval. WCU has numerous clinical contracts in place in the Inland Empire already. Based on current utilization of clinical placements, WCU was able to demonstrate availability of clinical placements for the additional WCU students without displacing other nursing programs.

Budget projections were prepared based on full enrollment in the BSN program and the LVN to ADN track. Funds are sufficient to support the new program.

ACTION: Grant Initial Approval for West Coast University-Inland Empire Campus Baccalaureate Degree Nursing Program. Program is to submit completed course syllabi, and NEC to make clinical site visits prior to the program implementation. Interim site visit by a NEC to the program one year following the start of first cohort and prior to their graduation.

MSC: MSC: Phillips/Dietz

Public input: None

7.0 APPROVE/NOT APPROVE PROPOSED AMENDMENTS AND ADDITIONS TO REGULATIONS, TITLE 16, DIVISION 14, ARTICLE 3, SCHOOLS OF NURSING

M. Minato, NEC, presented this report. The drafted proposed amendments and new regulations to Title 16, Division 14, Article 3, Schools of Nursing involved significant changes to the Education Regulations involved sections 1421, 1422, and 1423, related to initial prelicensure registered nursing program application and approval requirements. These changes were presented at the last ELC meeting and approved at the April 18th Board meeting with the understanding that non-substantive changes may be made without being brought back for Board approval.

On May 13 and May 15, 2008, the Board held public forums in Sacramento and in Los Angeles, respectively, to receive public comments from interested parties on the proposed regulations. The Board received comments from representatives of nursing programs, schools planning to open new nursing programs, hospitals, and nursing organizations at the forum, and numerous emails were sent by program directors of currently approved nursing programs. There were a large number of public comments related to concerns with limited clinical placements for nursing students, including placements for students of new programs, and the impact these additional students would have on the current placement of students from existing nursing programs. A second area of concern that received large number of feedback came from nursing program directors on preceptorship faculty to student ratio. The comment was that the faculty to student ratio of 1:12 was too restrictive. The draft of regulations was revised and reflects the public comments received by this Board.

Revisions have been made to section 1421 and attachments since their approval in April 2008. Two areas of substantive changes were made. The recognized accrediting body was changed from the US Dept. of Education to the Council for Higher Education Accreditation (CHEA) for granting associate, baccalaureate, or higher degree. Second the changes to the definitions 1420(i) Education program and 1420(p), Prelicensure registered nursing program, require that a prelicensure registered nursing program must be at least a minimum of two years and offer a curriculum, equivalent to or that conforms to section 1426. Section 1421 and related documents were presented for the committee's approval. Changes are as follows:

- Previously approved revised sections 1421, 1422, and 1423, related to the New Program Approval and Requirements. These changes included:
 - Submission of feasibility study demonstrating need for new program and program's ability to sustain a program;
 - Appointment of Director following acceptance of feasibility study;
 - Submission of self study demonstrating ability to comply with all applicable law and regulations;
 - RN program must be a minimum of two-academic year;
 - Transferability of units for courses taken at the school.

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- Section 1420, Definitions, was revised to more clearly define roles and responsibilities of the director, assistant director, and content expert. New terms were added, and terms were updated to reflect current nursing education and practice.
- Changed “accredit” to “approve” throughout these sections.
- New Sections Added:
 - NCLEX Pass Rate Standard: establish and define minimum acceptable first time pass rate at 75%. NECs have been monitoring NCLEX pass rates for programs that had rates of less than 70%. The national and California’s pass rates have averaged in the mid 80%. A review of other state board’s standard showed that those boards with standards had set the rate in the 80% or standard set to the national mean.
 - Advanced Placement for Previous Health Care Education or Experience: Puts existing policy into regulations. This section is being added to clarify expectations that programs offer options and to have methods of evaluating prior health care related education and experience.
 - Preceptorship: This section clarifies the requirements for preceptorial learning experiences and puts existing policy into regulations.

Action: Approve proposed amendments and additions to Regulations, Title 16, Division 14, Article 3, Schools of Nursing.

MSC: MSC: Phillips/Dietz

Public input: Genevieve Clavreul of NRNPA/Solutions Outside the Box commented on the changes to NCLEX-RN standard in relation to the total number of RNs receiving licensure and the number of RNs leaving CA. No information was available.

Sandy Baker, Riverside Community College, commented on relation to section 1427(d). Her school has experienced being displaced from clinical areas from new programs. She asked whether more definitive action can be taken by the Board for established schools to not be displaced to new RN programs. She asked that this section be reviewed with the concern that she and other schools in the community share the concern of losing clinical sites that they have had long-term relationships.

Mikhail Shynevder, Western Career College, asked about the change to section 1420(k), recognition of accreditation by US Dept. of Education to CHEA. His concern related to whether this change might be considering accreditation recognitions too broadly because of the range of accrediting bodies CHEA recognized.

8.0 INFORMATION ONLY

8.1 Information Only: Volunteer Site Visitor Program for Continuing Approval Visits

M. Minato, NEC, presented this report. The Orientation Session for the Volunteer Site Visitor Program (VSVP) is scheduled for Wednesday, October 8, 2008 from 1:00 – 3:00 PM in San Francisco. This session will follow the BRN’s Nursing Program Director’s Orientation.

ANAC, CACN and COADN have noticed their membership asking nursing program directors interested in attending the VSV orientation to contact the BRN. To date, 16 directors have indicated interest in participating.

Information to be included in the VSV Orientation:

Guidelines for Volunteer Site Visitors

Guidelines for Continuing Approval Visits (8 year)

Power Point Presentation

List of Participants

Approval Visit Calendar

BRN Director’s Handbook/Disc

Travel Expense Forms

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August 21, 2008

The pilot phase will occur in Fall 2008 following the Orientation Session. Two VSVs will participate in 2 regularly scheduled full continuing approval visits. Following evaluation of this process, full VSV Program implementation will occur in Spring 2009.

8.2 Information Only: NCLEX Pass Rate Update

K. Daugherty, NEC, presented this report. The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for 12 months and by each quarter.

NCLEX RESULTS – FIRST TIME CANDIDATES

July 1, 2007-June 30, 2008

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED %
California	9,151	85.93
United States and Territories	123,133	85.51

CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES

By Quarters and Year July 1, 2007 – June 30, 2008

07/01/07- 09/30/07*		10/01/07- 12/31/07*		01/01/08- 03/31/08*		04/01/08- 06/30/08*		07/01/07- 06/30/08	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
3,588	84.06	682	75.37	3,031	89.21	1,850	88.05	9,151	85.93

*Includes (13), (9), (4) & (7) "re-entry" candidates

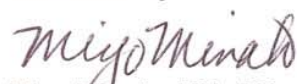
4/1/07 Passing standard increased to -0.21 logits & revised NCLEX-RN Test Plan implemented.

The Nursing Education Consultants monitor the NCLEX results of their assigned programs. Current procedure provides that after each academic year, if there is substandard performance (below 70% pass rate for first time candidates), the NEC requests that the program director submit a report outlining the program's action plan to address this substandard performance. Should this substandard performance continue in the second academic year, an interim visit is scheduled and a written report is submitted to the Education/Licensing Committee. If there is no improvement in the next quarter, a full approval visit is scheduled within six months. A report is made to the Education /Licensing Committee following the full approval visit.

9.0 OPEN FORUM – None

Meeting adjourned at 12:16 PM.

Submitted by:



Miyo Minato, MN, RN
Nursing Education Consultant

Approved by:



Elizabeth Dietz, EdD, RN, CS-NP
Chairperson

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 10.1
DATE: January 15, 2009

ACTION REQUESTED: Ratify Minor Curriculum Revisions

REQUESTED BY: Miyo Minato, MN, RN
Nursing Education Consultant

BACKGROUND:

According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:

- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- 10.1.1 Contra Costa College Associate Degree Nursing Program
- 10.1.2 Gavilan College LVN to RN Associate Degree Nursing Program
- 10.1.3 Mount Saint Mary's College Associate Degree Nursing Program
- 10.1.4 Mount San Antonio College Associate Degree Nursing Program
- 10.1.5 Pasadena City College Associate Degree Nursing Program
- 10.1.6 Santa Rosa Junior College Associate Degree Nursing Program
- 10.1.7 Western Career College LVN-RN Associate Degree Nursing Program

NEXT STEP: Place on the Board agenda.

FISCAL IMPLICATION(S),

IF ANY: None

PERSON(S) TO CONTACT: Miyo Minato, MN, RN
Nursing Education Consultant
323-890-9950

MINOR CURRICULUM REVISIONS

Education/Licensing Committee

DATE: January 15, 2009

SCHOOL NAME	APPROVED BY	DATE APPROVED	SUMMARY OF CHANGES
Contra Costa College ADN Program	K. Weinkam, NEC	10/31/08	<p>Nursing 210 Fundamentals of Nursing is being changed from 7 units of theory and 5 units of clinical to 6 units of theory and 6 units of clinical to provide students with more opportunity for application of theory content. Units for licensure remain 79.9. For the degree requirements, the course CIS (0-4 units) is no longer required; an Information Competency requirement of 0-1 unit has been instituted. The course name for BioSci 119 has changed from Applied Microbiology to Nursing Microbiology. Courses have been added that can also meet the content requirement for societal/cultural patterns (Anthro 130), developmental psychology (Psych 128 Life Span Development and PE 197 Human Development Through the Life Span), verbal communication (Speech 120 Public Speaking), and written communication (English 001B Composition and Writing). For the LVN 30-unit Option, the correct course numbers and titles are N 260 and N 261 for Psychiatric Nursing and Competency in Nursing Practice.</p> <p>Faculty have also reviewed and made additions to the program's philosophy statement that do not substantially change it, but do reflect the regulation's components.</p>
Gavilan College LVN to RN ADN Program	J. Wackerly, NEC	12/11/08	<p>Requesting approval for a generic Associate Degree RN program starting in Fall 2009. The program faculty are organizing the curriculum content for the first year of the requested RN program, sequencing of course content, renaming courses and developing curriculum changes. Gavilan College has had an LVN-RN program since 1983. The program plans to have syllabi and related course forms to the NEC in January and March 2009.</p>
Mount St. Mary's College ADN Program	B. Caraway, NEC	12/11/08	<p>In an attempt to enhance students' learning the program submitted the minor curriculum revision to extend the length of the Nursing Pharmacology (NUR 30) from 8 weeks to 16 weeks.</p>

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: January 15, 2009

SCHOOL NAME	APPROVED BY	DATE APPROVED	SUMMARY OF CHANGES
Mt. San Antonio College ADN Program	B. Caraway, NEC	12/11/08	The program submitted a change to lengthen the course from 5-6 weeks to 8 weeks for the following four nursing courses: Nursing 3-beginning level Medical/Surgical, Nursing 4-Obstetric, Nursing 5-Psychiatric and Nursing 6-Pediatric. In addition the program re-sequenced the medical-surgical and other specialty courses. These changes will allow the students to take Obstetrics and Pediatrics concurrently and allow students longer time to learn the course materials.
Pasadena City College ADN Program	B. Caraway, NEC	12/11/08	In an attempt to enhance students' learning the program submitted the minor curriculum revision to add a four week preceptor rotation experience in the last four weeks of the fourth semester course N53L- Advance Medical-Surgical Nursing. Effective Spring 2009, the students will work in collaboration with assigned preceptor in an acute care setting for 96 clinical hours. Total degree and CRL units will remain unchanged.
Santa Rosa Junior College	J. Wackerly, NEC	12/11/08	Increasing by NR 75A Fundamentals from 11.5 units to 12 units, the college requires NR 75 changed to NR 75.1A. Changes content required for licensure to include Psych 7 and Psych 56; Nutrition FDNT 162 diet therapy added.
Western Career College (WCC) LVN to RN ADN Program	K. Daugherty, NEC	9/23/08	WCC has announced a change in ownership. It was previously owned by U.S. Education Corporation, the parent organization of Apollo and Western Career College. The new owner is DeVry, Inc. DeVry Inc. is the parent organization of DeVry University, Advanced Academics, Ross University, Chamberlain College of Nursing, U.S. Education and Becker Professional Review. The change in ownership was approved by WASC on September 12, 2008. WCC's name, institutional accreditation status, college President, management structure, and the organization and operations of all WCC campus locations will remain the same.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 10.2.1

DATE: January 15, 2009

ACTION REQUESTED: Continue/Not continue approval of the Contra Costa College Associate Degree Nursing Program

REQUESTED BY: Kay Weinkam, M.S., RN, CNS
Nursing Education Consultant

BACKGROUND:

Maryanne Werner-McCullough, RN, M.S., MNP is the Director of Nursing. Sara Brooks, M.S. is the Assistant Director and the department Chairperson.

Contra Costa College is one of three community colleges within the Contra Costa Community College District, the eighth largest community college district in California. The College is located in San Pablo, and serves primarily the residents of West Contra Costa County. The program awards the associate in science degree for nursing.

A regularly scheduled continuing approval visit was conducted October 20th to the 22nd, 2008, by this consultant. One area of non-compliance was identified, and one recommendation was given. The program provided its response within two weeks of the conclusion of the visit, and the Program's evaluation plan was modified as recommended. Please refer to the attached Report of Findings.

The program's NCLEX pass rate for first-time test takers ranges from 91% to 100%, averaging 96% for the past five full academic years. The rate for July through September 2008 is 97%.

The program receives strong support from College administration. Over time, the program has steadily increased resources to support the expansion of the program and student success. The program has recently reconfigured a portion of the space available in the skills lab to accommodate a simulation room with an adjacent observation room. Contributing to the program's success are the availability of the services of the Nurse Mentor and the Assessment Testing Project Coordinator. Faculty take advantage of the learning opportunities made available, and discuss and are receptive to incorporating those aspects that will strengthen the program. The program continues to advocate for appropriate facilities that will meet its program's expansion in the planned new sciences building.

The program started working with California State University, East Bay in August to write a proposal to facilitate seamless ADN to BSN articulation.

It is suggested that a progress report related to having obtained signatures on the agreements for all clinical facilities used by students for providing care be submitted by June 30, 2009.

NEXT STEPS:

Place on Board Agenda.

**FISCAL IMPLICATIONS,
IF ANY:**

None

PERSON TO CONTACT:

Kay Weinkam
e-mail: Kay_Weinkam@dca.ca.gov
(916) 574-7680

Report of Findings

Contra Costa College
Associate Degree Nursing Program
Continuing Approval Visit
October 20-22, 2008

Areas of Non-compliance:

1427(c) Clinical Facilities

Although contracts are in place, not all address all components of the regulation.

Recommendations:

1424(b)(1) Total Program Evaluation

Indicate the starting date for evaluation of those components not evaluated on a semester or annual basis.

**CONSULTANT APPROVAL REPORT FOR
CONTINUING APPROVAL REVIEW**

EDP-S-08 (Rev. 06/04)

Ruth Ann Terry, MPH, RN
Executive Officer
(916) 322-3350

PROGRAM NAME: Contra Costa College Associate Degree Nursing Program

DATES OF VISIT: October 20-22, 2008

APPROVAL CRITERIA	WORK COPY		
	Compliance	Non-Compliance	COMMENTS
SECTION 1: PROGRAM DIRECTOR / ASSISTANT			
DIRECTOR			
SECTION 1425(b) The registered nurse director of the program shall have:			Maryanne Werner-McCullough, RN, MNP was elected director of the nursing program January 2007 for a two-year term.
(1) A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;	X		M.S., University of California, San Francisco
(2) A minimum of one year's experience in an administrative position;	X		
(3) A minimum of two year's experience teaching in pre- or post-licensure nursing programs;	X		
(4) At least one year's experience as a registered nurse providing direct patient care; or	X		
(5) Equivalent experience and/or education as determined by the board.			n/a
SECTION 1425(c) The registered nurse assistant director shall meet the education requirements set forth in subsections (b)(1) above and the experience requirements set forth in subsections (b)(3) and (b)(4) above or such experience as the board determines to be equivalent.	X		Sara Brooks, RN, GNP was elected department Chairperson August 2007 for a two-year term. She has been approved as the program's assistant director. M.S., University of California, San Francisco
SECTION 1424(e) A sufficient period of time shall be set aside, by the institution, exclusively for the use of the director or his or her designee in the administration of the program.	X		100% release time as of January 2007. The director also is responsible for the CNA/Home Health Aide program.

EDP-S-08 Consultant Approval Report for: Contra Costa College. Entries are made based on a review of the self-study, nursing student handbook, college student handbook, catalog, course syllabi, visits to the campus and selected clinical facilities, discussions with various college community members, and contents of BRN files.

APPROVAL CRITERIA	WORK COPY		
	Compliance	Non-Compliance	COMMENTS
SECTION 1424(f) The program shall have a registered nurse faculty member who is knowledgeable and current regarding the program and the policies and procedures by which it is administered and who can perform the director's duties in the person's absence.	X		The assistant director receives 20% release time for the responsibilities of the department Chair. "The Nursing Department Chairperson is responsible for all academic department business... and serves as the Assistant Director of the program." The department Chair is elected by the faculty and serves a two-year term. The faculty person is eligible, as is the Program Director, for re-election to one more consecutive two-year term.
SECTION 2: TOTAL PROGRAM EVALUATION			
SECTION 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.	X		Policies related to admission and retention are reviewed annually. Policies reflect ongoing review, revision, or both. A review of the policies reveals that they are reviewed/revised on an almost annual basis.
(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.	X		The results of the program evaluation are summarized in the self-study. The narrative focuses on: curriculum (philosophy, conceptual framework, terminal program objectives, theory content, and course theory objectives, clinical objectives, skill lab course content, simulation content, clinical agency experiences, course evaluations, and the total program); instruction (theory exams, standardized testing); student admission and selection (admission process, selection process, attrition, retention); performance of graduates in meeting community needs (new grad survey, employer survey, advisory committee); and faculty (full time tenured and probationary and part time). Minutes of faculty meetings identify those attending including part-time instructors and students. The format used makes it easy to identify action taken for each item.
SECTION 1428(b) The program shall have a procedure for resolving student grievances.	X		Recommendation: Indicate the starting date for evaluation of those components not evaluated on a semester or annual basis. Stage I is for students' use within the nursing department. Stage II is when the issue is unresolved. Students and faculty have appeal rights up to the level of the Governors' Board.

APPROVAL CRITERIA

APPROVAL CRITERIA	WORK COPY		
	Compliance	Non-Compliance	COMMENTS
SECTION 3: SUFFICIENCY OF RESOURCES SECTION 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment to achieve the program's objectives.	X		<p>The administrative assistant Diana Hall has 75% of her time dedicated to the nursing and nursing assistant programs.</p> <p>There was recent renovation of the library building. It now includes an academic skills lab resource for students. There are student computer labs with access to the Internet and nursing databases. Grants also funded a small simulation lab. The program has purchased Laerdal's SinmMan and SimBaby and Gaumard's Noelle (pregnant patient simulator). There is space provided in the skills lab for storage of the students' skills lab kits. One faculty person will assume the responsibility of Simulation Coordinator. Simulation is expected to be part of students' clinical experience this fall. Funds are available to hire peer tutors for nursing students. Another source of support is the grant that provides a part-time Nurse Mentor. Focus of her activities when working with students are time management, study skills, tutoring support, and knowledge of college resources. Another position funded by grants is that of the Assessment Testing Project Coordinator. Classrooms, skills lab, and nursing computer lab are adequate for the program. The program participates in the Bay Area Simulation group.</p>

SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS

SECTION 1424(c) There shall be an organization chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative of the institution with which it is affiliated, and between the program, the institution and the clinical agencies.

X

The charts clearly identify the relationships among the program, the college, and the clinical agencies. The program's faculty bylaws are also provided.

SECTION 1424(g) The faculty shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

X

The faculty exercise these responsibilities by their participation in the monthly all-faculty meeting, team meetings, and committee meetings. The ten standing committees are: Admissions, Advisory, Curriculum, Evaluation, Policy, Research, Skills Lab/Simulation Lab/Budget, Social, Student Issues, and Technology. The four ad hoc committees are: Clinical Practice, Hiring, Recruitment, and Safety.

SECTION 1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing listed in Section 1426 who shall be responsible for the educational program in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

X

There are ten full-time faculty, of whom one serves as the Director. Three of these faculty were hired this year.

Content experts:
Med/surg: Angela King-Jones, Ed.D. and Maryanne Werner-McCullough, M.S.
OB: Mary Anne Anderson, M.S.
Peds: Cheri Etheridge, Ed.D.
Psych/MH: Roberta Hoffman, M.S.
Geriatrics: Barbara Santana, M.S.N..

Section 1424(j) The assistant director shall function under the supervision of the director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.

X

SECTION 1425 A program shall report to the board all changes in faculty including changes in teaching areas, prior to employment of or within 30 days after termination of employment of a faculty member. Such changes shall be reported on forms provided by the board. Faculty members shall possess the following qualifications:

X

:
SECTION 1425(a) A nurse faculty member appointed on or after the effective date of these regulations shall hold a valid, active license issued by the board.

SECTION 1425(d) An instructor shall meet the following requirements:

(1) Those set forth in subsections (b)(1) and (b)(4) above; and

(2) Completion of at least one year's experience teaching courses related to nursing or a course which includes practice in teaching nursing.

SECTION 1425(e) An assistant instructor shall have:

(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;

(2) At least one year's continuous, full-time experience in direct patient care practice as a registered nurse.

SECTION 1425(f) A clinical teaching assistant shall have had at least one year's experience, within the previous five years, as a registered nurse providing direct patient care.

X		
X		10 instructors
X		7 assistant instructors
X		
X		5 clinical teaching assistants
SECTION 5: CURRICULUM		
SECTION 1424(a) There shall be a written statement of philosophy and objectives which serves as a basis for curriculum structure. Such statement shall take into consideration the individual differences of students, including their cultural and ethnic background, learning styles, goals and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.	X	The philosophy is based on the concepts of: Individual, Community, Environment, Health, and Nursing. It provides statements related to nursing education.
SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	X	Faculty (all full-time and as many part-time as possible) meet for a two-day curriculum retreat annually. Skills lab content is evaluated every three years, most recently spring 2007.

SECTION 1426(a) The curriculum of a nursing program shall be that set forth in this section. A program's curriculum shall not be implemented or revised until it has been approved by the board.

SECTION 1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a nurse who completes the program will have the knowledge and skills necessary to function in accordance with the minimum standards for competency set forth in Title 16, California Code of Regulations, section 1443.5.

SECTION 1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number at least the following number of units in the specified course areas:

(1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.

(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of verbal, written and group communication.

(3) Related natural, behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.

SECTION 1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: medical-surgical, maternal/child, mental health, psychiatric nursing and geriatrics. Instruction will be given in, but not limited to, the following: personal hygiene, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, legal, social and ethical aspects of nursing, nursing leadership and management.

SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum.

(1) nursing process;

(2) basic intervention skills in preventive, remedial, supportive and rehabilitative nursing;

X		
X		The program's unifying theme is the Nursing Process.fying theme. NCLEX pass rates for 2003-2004 to 2007-2008: 91-100%; 2007-2008: 91% (81 students).
X		The program is offered over an 18-week semester. The nursing program is 79.9 units. 94.9-95.9 units are required for the A.S. degree.
X		Nursing courses: 52.9 units 26 theory 26.9 clinical
X		Communication courses: 6 units (speech, English)
X		Science courses: 21 units (anatomy, physiology, microbiology, psychology, sociology/anthropology)
X		Geriatric content is integrated in all courses except Maternal Child Nursing.
X		
X		

(3) physical, behavioral and social aspects of human development from birth through all age levels; (4) the knowledge and skills required to develop collegial relationships with health care providers from other disciplines; (5) communication skills including principles of verbal, written and group communications; (6) natural sciences including human anatomy, physiology and microbiology; and (7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.	X		
	X		
	X		
	X		
	X		
SECTION 1426(f) The course of instruction shall be presented in semester or quarter units under the following formula: (1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. (2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.	X		
LICENSED VOCATIONAL NURSES AND OTHER HEALTH CARE WORKERS:			
SECTION 1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in Section 2736 of the Code. Such applicant shall submit evidence to the board, including a transcript of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.			
SECTION 1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicants academic deficiencies, irrespective of the time such courses were taken.	X		<p>The program will review its written materials to ensure that this option is described accurately.</p> <p>Only one student has enrolled in this option during the past five years. However, the program instituted its accelerated LVN to RN program, and more students enroll in this advanced placement option.</p>

SECTION 1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not count toward fulfillment of the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in Section 1426, may be counted toward fulfillment of the additional education requirement.

Nursing courses shall be taken in an accredited school and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing.

The nursing content shall include the basic standards for competent performance prescribed in Section 1443.5 of these regulations.

X

BIOSC-119 or 148 Nursing Microbiology or General Microbiology 4 units
 BIOSC- 134 Human Physiology 4 units
 NURS-205 Drug Dose Calculations 2 units
 NURS-260 Psychiatric Nursing 5.5 units
 NURS-261, 276 Competency in Nursing Practice .8 unit
 NURS-275 Adv M-S/Gerontology 12 units

Total units = 28.3

X

The program integrates geriatric content throughout the basic curriculum; the LVN student would not be repeating content from the LVN education.

Theory and clinical practice are concurrent.

TRANSFERS AND CHALLENGES:

SECTION 2786.6 The board shall deny the application for approval made by, and shall revoke the approval given to, any school of nursing which:

SECTION 2786.6(a) Does not give to student applicants credit, in the field of nursing, for previous education and the opportunity to obtain credit for other acquired knowledge by the use of challenge examinations or other methods of evaluation; or

SECTION 2786.6(b) Is operated by a community college and discriminates against an applicant for admission to a school solely on the grounds that the applicant is seeking to fulfill the units of nursing required by Section 2736.6.

X

Course credit can be acquired by credit-by-examination or waiver exam (NURS-205 and NURS-212) for nursing courses.

No evidence to support that such discrimination occurs.

SECTION 6: CLINICAL FACILITIES / CLINICAL EXPERIENCES

SECTION 1424(i) When non-faculty individuals participate in the instruction and supervision of students obtaining clinical experience, their responsibilities shall be described in writing and kept on file by the nursing program.

SECTION 1425.1(b) The registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.

SECTION 1427(a) A nursing program shall not utilize agencies and/or community facilities for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b) and (c) of this section and the policies outlined by the board.

SECTION 1427(b) A program which utilizes agencies and/or community facilities for clinical experience shall maintain written objectives for student learning in such facilities, stated in measurable performance terms, and shall assign students only to facilities which can provide the experience necessary to meet those objectives.

SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:

- (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;
- (2) Provision for orientation of faculty and students;

X

X

X

X

The program does offer the preceptorship experience during the second half of the final semester. It has developed a preceptor handbook.

The program holds an Advisory Committee meeting annually regarding job market needs and performance of its students and graduates.

Site visits made to the following facilities:
 Contra Costa Regional Medical Center, Martinez
 John Muir Health Care, Concord
 Kaiser Hospital, Walnut Creek
 Herrick Hospital, Berkeley

The program presented a detailed description related to its selection of the facilities.

Finding: Although contracts are in place, not all address all components of this regulation.

(3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;			
(4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to the patients;			
(5) Provisions for continuing communication between the facility and the program; and			
(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.			
SECTION 1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria: 1) acuity of patient needs; 2) objectives of the learning experience; 3) class level of the students; 4) geographic placement of students; 5) teaching methods; and 6) requirements established by the clinical agency.	X		The program participates in the Bay Area Centralized Clinical Placement System. As a result, evening and weekend clinical rotations have been added.
SECTION 1428(c) Tools used to evaluate students' progress and performance and clinical learning experiences shall be stated in measurable terms directly related to course objectives.	X		Skills checklists are also completed by the students. The five sections of the evaluation tool that are used consistently in each clinical course are: Nursing Process, Collegial Communication, Therapeutic Communication, Nursing Interventions, Professional Role (ethics; legal).
SECTION 7: STUDENT PARTICIPATION			
SECTION 1428(a) Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to:			The narrative provides a summary of students' evaluations of the main clinical agencies used. Exhibits Course evaluations Clinical evaluations Evaluation of the total program

(1) Philosophy and objectives;

X

Students participate in these committees:

Associate Degree Faculty

Advisory

Curriculum

Policy

Student Issues

Technology

Ad hoc: Recruitment, Safety

A “job description” for student representatives is provided in the Nursing Student Handbook

(2) Clinical facilities;

X

(3) Learning experience; and

X

(4) Curriculum, instruction and evaluation of the various aspects of the program.

X

Sections and Related BRN Approval Rules and Regulations

Section	Rules and Regulations
Section 1: Program Director and Assistant Director	Section 1424 (e); 1424(f); 1425(b) 1 – 5; 1425(c);
Section 2: Total Program Evaluation	Section 1424(b); 1424(b)(1); 1428(b)
Section 3: Sufficiency of Resources	1424(d)
Section 4: Program Administration and Faculty Qualifications	Section 1424(c); 1424(g); 1424(h); 1424(j); 1425; 1425(a); 1425(d); 1425(e); 1425(f);
Section 5: Curriculum	Section 1424(a); 1425; 1425.1(a); 1426(a); 1426(b); 1426(c); 1426(d); 1426(e); 1426(f); 1429(a); 1429(b); 1429(c); 2786.6; 2786.6(a); 2786.6(b)
Section 6: Clinical Facilities and Clinical Experiences	Section 1424(i); 1424(k); 1425.1 (b); 1427(a); 1427(b); 1427(c); 1428(c);
Section 7: Student Participation	Section 1428(a)

NCLEX PASS RATES FIRST TIME CANDIDATES

2001-2009

Contra Costa College

	JUL-SEP			OCT-DEC			JAN-MAR			APR-JUN			ANNUAL RATE		
	<i>Taken</i>	<i>Passed</i>	<i>Percent</i>	<i>Taken</i>	<i>Passed</i>	<i>Percent</i>	<i>Taken</i>	<i>Passed</i>	<i>Percent</i>	<i>Taken</i>	<i>Passed</i>	<i>Percent</i>	<i>Taken</i>	<i>Passed</i>	<i>Percent</i>
2001 - 2002	29	27	93.10%	3	3	100.00%	2	1	50.00%	4	4	100.00%	38	35	92.11%
2002 - 2003	25	22	88.00%	3	3	100.00%	2	2	100.00%	3	3	100.00%	33	30	90.91%
2003 - 2004	25	23	92.00%	0	0		0	0		13	13	100.00%	38	36	94.74%
2004 - 2005	18	18	100.00%	2	2	100.00%	1	1	100.00%	7	7	100.00%	28	28	100.00%
2005 - 2006	31	31	100.00%	5	4	80.00%	0	0		7	7	100.00%	43	42	97.67%
2006 - 2007	42	40	95.24%	6	6	100.00%	2	2	100.00%	25	24	96.00%	75	72	96.00%
2007 - 2008	57	53	92.98%	2	0	0.00%	0	0		22	21	95.45%	81	74	91.36%
2008 - 2009	35	34	97.14%	0	0		0	0		0	0		35	34	97.14%

Monday, December 15, 2008

Source: NCSBN G1-G6 Reports

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BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 10.2.2

DATE: January 15, 2009

ACTION REQUESTED

Continue/Not Continue Approval of Gavilan College LVN to RN Associate Degree Nursing Program

REQUESTED BY:

Janette Wackerly, MBA, RN
Nursing Education Consultant

BACKGROUND:

Karen (Kaye) Bedell, MSN, RN, FNP
Director of Nursing and Allied Health Programs

A continuing approval visit was conducted on October 27, 28, 29, 2008 at Gavilan Community College Associate Degree Nursing Program by Janette Wackerly RN Nursing Education Consultant. The program was found in compliance with all the board's rules and regulations. Two recommendations were made: 1426 (d) legal: strengthen the integration and application of professional nursing roles as authorized in the Nursing Practice Act; and 1429 (c) provide student learning activities that demonstrate the competencies of professional nursing practice as defined in the Standards of Competent Performance, CCR Section 1443.5.

The nursing program has been able to obtain all clinical rotations at Santa Clara Valley Medical Center campus in San Jose CA. Medical-Surgical clinical is on a 59 bed unit with high acuity complex patients and the Arons Pavilion psych/mental facility offers learning experiences. The preceptorship includes clinical assignments at Santa Clara Valley Medical Center. The usual enrollment is 22 to 24 LVN-RN students.

The Allied Health programs are located in a building that is relatively new. The teaching occurs in a smart classroom, another classroom has 30 computers, skills lab is equipped with high fidelity manikins. Faculty use i-clickers in the classroom. Students complete Professional Development software (PDS) programs throughout the curriculum.

The nursing program utilizes Elsevier textbooks that are bundled so students have a reduced cost. Elsevier Evolve or <http://evolve.elsevier.com> is a course manager system available 24/7. Pocket Nurse is the vendor for the skills lab kit. Students may use computer programs for learning and remediation. All students have a PDA. Remediation for any student below benchmark is provided by faculty. The director is planning on purchasing a computer server so students will have access from home.

Students completing the LVN-RN program complete an online Evolve Reach (NCLEX-RN Readiness Assessment Exam) with a score of 850 or higher which predicts an average probability of passing the NCLEX-RN. Students who do not receive a score of 850 or higher will be required to remediate and retest prior to completion of the last course AH 44

The program has been successful in obtaining grants 2004-through 2010 totaling \$1,034,577. Sources of dollars include Nova, VTEA, Kaiser Permanente, PreReq, Chancellor's Office capacity grants and equipment grants.

Gavilan College Allied Health Programs are based on a Career Ladder Options, starting with Nursing Assistant, progressing to Vocations Nursing with LVN licensure, and then progression to the LVN to RN program with RN licensure. Over half the students interviewed during the approval visit had progressed from CNA to LVN and were enrolled in the RN program. Licensed LVNs from throughout the area are able to be admitted to Gavilan's LVN-RN program.

Gavilan College Allied Health sequences prerequisite courses designed to offer maximum flexibility in achieving educational goals while providing entry into the next level, CNA to LVN to RN. The progression or prerequisite courses included elementary algebra, intermediate algebra, reading improvement, preparation for college reading, basic writing, composition, person in life cycle, nutrition, and survey of human anatomy and physiology. This sequencing of courses provides the foundational education courses for students to be successful in the RN to LVN program.

Gavilan College is located in Gilroy that had been primarily agriculture and known as the garlic capitol of California. Gilroy is located in Santa Clara County and is about an hour south of San Jose and Santa Clara on the Hwy 101.

NEXT STEPS:

Place on Board Agenda.

**FISCAL IMPLICATIONS,
IF ANY:**

None

PERSON TO CONTACT:

Janette Wackerly, RN NEC
916-574-7600

REPORT OF FINDINGS

GAVILAN COLLEGE LVN-RN

Continuing Approval Visit: October 27,28,29, 2008

RECOMMENDATIONS:

Section 1426 (d) legal:

Strengthen the integration and application of professional nursing roles as authorized in the Nursing Practice Act.

Section 1429 (c)

Provide student learning activities that demonstrate the competencies of professional nursing practice as defined in the Standards of Competent Performance.

**CONSULTANT APPROVAL REPORT FOR
CONTINUING APPROVAL REVIEW**

EDP-S-08 (Rev. 06/04)

Ruth Ann Terry, MPH, RN
Executive Officer
(916) 322-3350
(626) 575-7080

PROGRAM NAME: Gavilan College

DATES OF VISIT: October 27-29, 2008

APPROVAL CRITERIA	WORK COPY		
	Compliance	Non-Compliance	COMMENTS
SECTION 1: PROGRAM DIRECTOR / ASSISTANT			
DIRECTOR			
SECTION 1425(b) The registered nurse director of the program shall have:	X		K. Bedell, RN, MSN, FNP
(1) A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;	X		MSN 1979 UCSF FNP 1981 UC Davis NP/PA program BSN 1977 CSU Sacramento RN Jefferson School of Nursing, Philadelphia, Pa Appointed Director, Allied Health Programs 1987
(2) A minimum of one year's experience in an administrative position;	X		
(3) A minimum of two year's experience teaching in pre- or post-licensure nursing programs;	X		
(4) At least one year's experience as a registered nurse providing direct patient care; or	X		
(5) Equivalent experience and/or education as determined by the board.	NA		
SECTION 1425(c) The registered nurse assistant director shall meet the education requirements set forth in subsections (b)(1) above and the experience requirements set forth in subsections (b)(3) and (b)(4) above or such experience as the board determines to be equivalent.	X		Susan Turner RN, MSN, FNP MSN, San Jose State University FNP State University of New York BSN 1978 Cal State Bakersfield FNP direct practice Roto Free Clinic Gilroy. The assistant director is a full time teaching faculty without release time to administer LVN-RN program. K. Bedell RN, MSN, RN 50% release time for the LVN-RN program.
SECTION 1424(e) A sufficient period of time shall be set aside, by the institution, exclusively for the use of the director or his or her designee in the administration of the program.	X		Other program responsibilities include LVN, Certified Nursing Assistant, Home Health Aide, Clinical Medical Assisting, and Health Education.

APPROVAL CRITERIA			WORK COPY
	Compliance	Non-Compliance	COMMENTS
SECTION 1424(f) The program shall have a registered nurse faculty member who is knowledgeable and current regarding the program and the policies and procedures by which it is administered and who can perform the director's duties in the person's absence.	X		Susan Turner RN, MSN, FNP Assistant Director is knowledgeable and current regarding the program and policies and procedures. Ms. Turner can perform the duties of the Director if required. Ms Turner has been employed since 2004
SECTION 2: TOTAL PROGRAM EVALUATION			
SECTION 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.	X		Policies and Procedures are in the school Catalog and Student Handbook. Students state they are aware of policies and procedures.
(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.	X		Written report of the results of the total program eval: Attrition rates and patterns discussed at time of visit: academic and personal reasons for attrition. Surveys: students, graduates, employers by year. NCLEX pass rate: <div style="margin-left: 40px;"> 2004-2005 84.21% 2004-2006 100% 2006-2007 96.43% 2007-2008 83.33% 2008- 2009 80.00% </div> No student issues or complaints identified. Faculty analysis and dialogue with Susan Turner and Kay Bedell at time of visit: most likely will request minor curriculum revision to initiate a two year generic RN program as RN job landscape is changing and acute care clinical affiliations only hiring RN.
SECTION 1428(b) The program shall have a procedure for resolving student grievances.	X		Student Handbook

APPROVAL CRITERIA

APPROVAL CRITERIA	WORK COPY		
	Compliance	Non-Compliance	COMMENTS
SECTION 3: SUFFICIENCY OF RESOURCES SECTION 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment to achieve the program's objectives.	X		Additional time for the instructional program specialist is now full time. Increase computer lab time and technician hours are now full time. Students can access software 24/7 Process of purchasing a server to access DVD's from distant sites probably 2009. The physical space is relatively new and state of the art. Sufficient library and tutoring resources are available for students. Faculty may perform individual tutoring.
SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS SECTION 1425 A program shall report to the board all changes in faculty including changes in teaching areas, prior to employment of or within 30 days after termination of employment of a faculty member. Such changes shall be reported on forms provided by the board. Faculty members shall possess the following qualifications: SECTION 1425(a) A nurse faculty member appointed on or after the effective date of these regulations shall hold a valid, active license issued by the board.	X		All faculties teaching in the program are approved by the Board.
SECTION 1424(g) The faculty shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.	X		All faculties have had their current license verified for the Self Study.
	X		All faculty members participate in curriculum development and implementation. Part time faculty are encouraged to attend bimonthly faculty meetings and included in conferences where all program issues are discussed. Part time faculty required to participate in flex activities that includes curriculum.

APPROVAL CRITERIA

APPROVAL CRITERIA	WORK COPY		
	Compliance	Non-Compliance	COMMENTS
SECTION 1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing listed in Section 1426 who shall be responsible for the educational program in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.	X		<p>There are 8 total faculty: 2 full time faculty 2; part-time 6</p> <p>Instructor 5 Susan Turner, RN, MSN, FNP Debra Amaro RN, MSN Mary Lou Klisch, RN, MSN Judy Yanda RN, MSN</p> <p>Assist Instructor 3 Denise Hildenberger RN, BSN Jean Plummer RN, BSN Jennifer Wilkes RN, BSN</p> <p>Clinical teaching assistant 1 Ramona Andrius, RN A.S.</p> <p>Content experts: Susan Turner M/S and Geri Mary Lou Klisch Psych/Mental Health Judy Yanda M/S and Geri</p>
SECTION 1424(j) The assistant director shall function under the supervision of the director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.	X		
SECTION 1425(d) An instructor shall meet the following requirements:	X		<p>Susan Turner RN,MSN. FNP Debra Amaro RN, MSN Mary Lou Klisch RN MSN (psych/mental) Judy Yanda RN, MSN AH 43-44 theory (med-surg)</p>
(1) Those set forth in subsections (b)(1) and (b)(4) above; and	X		
(2) Completion of at least one year's experience teaching courses related to nursing or a course which includes practice in teaching nursing.	X		
SECTION 1425(e) An assistant instructor shall have:	X		
(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;	X		<p>Denise Hildenberger, RN, BSN Skills Lab AH 43-44 Jean Plummer BSN, RN AH 43/44 theory Jennifer Wilkes RN BS AH 43-44</p>

APPROVAL CRITERIA	WORK COPY		
	Compliance	Non-Compliance	COMMENTS
<p>(2) At least one year's continuous, full-time experience in direct patient care practice as a registered nurse.</p> <p>SECTION 1425(f) A clinical teaching assistant shall have had at least one year's experience, within the previous five years, as a registered nurse providing direct patient care.</p>	X		Ramona Andrius RN-Clinical
	X		
Section 5: CURRICULUM			
SECTION 1424(a) There shall be a written statement of philosophy and objectives which serves as a basis for curriculum structure. Such statement shall take into consideration the individual differences of students, including their cultural and ethnic background, learning styles, goals and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.	X		Philosophy of the Associate Degree Nursing based on a set of beliefs; nursing is a science, goal orientated actions, direct and indirect care to individuals, groups, and communities. The essence of nursing is the interpersonal process where the nurse assists to identify alterations in his/her ability to provide self-care; Self-care deficit theory as described by Dorothea Orem (1980).
SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	X		Curricular threads are evident in AH 43 and AH 44, progressing from simple to complex.
SECTION 1426(a) The curriculum of a nursing program shall be that set forth in this section. A program's curriculum shall not be implemented or revised until it has been approved by the board.	X		December 9, 2005 Board Continue Approval of Gavilan College. Minor curriculum revision approved in 2004.

APPROVAL CRITERIA

APPROVAL CRITERIA	WORK COPY		
	Compliance	Non-Compliance	COMMENTS
SECTION 1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a nurse who completes the program will have the knowledge and skills necessary to function in accordance with the minimum standards for competency set forth in Title 16, California Code of Regulations, section 1443.5.	X		Conceptual Framework Model, five major concepts 1. Universal self-care needs 2. Developmental self-care needs 3. Health deviation self-care needs 4. Nursing process 5. Roles of the Associate Degree Nurse (NLN) Syllabi reflect evidence based practice, integration of simulation, computer DVD and high fidelity manikins.
SECTION 1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number at least the following number of units in the specified course areas: (1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice. (2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of verbal, written and group communication. (3) Related natural, behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.	X X X X		The LVN-RN has 73 units RN Nursing Units: RN Theory Units 11units LVN contributes 24 Theory RN Clinical Units 9 units LVN contributes 20 clinical English 250 or 1A and Speech A total of 20-21 units. Anatomy, Physiology, Microbiology, Sociology, and Psychology ,
SECTION 1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: medical-surgical, maternal/child, mental health, psychiatric nursing and geriatrics. Instruction will be given in, but not limited to, the following: personal hygiene, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, legal, social and ethical aspects of nursing, nursing leadership and management.	X		Recommendation: 1426 (d) legal. Strengthen the integration and application of professional nursing roles as authorized in the Nursing Practice Act. (Business and Professions Code § 2725 et al.)
SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum. (1) nursing process; (2) basic intervention skills in preventive, remedial, supportive and rehabilitative nursing; (3) physical, behavioral and social aspects of human development from birth through all age levels;	X X X		

APPROVAL CRITERIA	WORK COPY		
	Compliance	Non-Compliance	COMMENTS
<p>(4) the knowledge and skills required to develop collegial relationships with health care providers from other disciplines;</p> <p>(5) communication skills including principles of verbal, written and group communications;</p> <p>(6) natural sciences including human anatomy, physiology and microbiology; and</p> <p>(7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.</p>	X		The curriculum is organized in 17.34 week per semester with a 16 week calendar with same total number of hours.
	X		
	X		
	X		
	X		
<p>SECTION 1426(f) The course of instruction shall be presented in semester or quarter units under the following formula:</p> <p>(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.</p> <p>(2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.</p>	X		Gavilan College offers the 30 Unit Option: the LVN must complete Physiology (BIO 9), Microbiology (Bio 8), Allied Health 43 (psych and M/S/Geri) and Allied Health 44 (M/S, Geri and Preceptorship)
<p>LICENSED VOCATIONAL NURSES AND OTHER HEALTH CARE WORKERS:</p> <p>SECTION 1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in Section 2736 of the Code. Such applicant shall submit evidence to the board, including a transcript of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.</p>	X		
<p>SECTION 1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken.</p>	X		Gavilan College offers each LVN nursing student applicant objective counseling and has published procedures for Granting Advanced Placement.

APPROVAL CRITERIA	WORK COPY		
	Compliance	Non-Compliance	COMMENTS
<p>SECTION 1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not count toward fulfillment of the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in Section 1426, may be counted toward fulfillment of the additional education requirement.</p> <p>Nursing courses shall be taken in an accredited school and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing.</p> <p>The nursing content shall include the basic standards for competent performance prescribed in Section 1443.5 of these regulations.</p>	X		<p>Recommendation: Provide student learning activities that demonstrate the competencies of professional nursing practice as defined in the Standards of Competent Performance, CCR Section 1443.5.</p>
<p>TRANSFERS AND CHALLENGES:</p> <p>SECTION 2786.6 The board shall deny the application for approval made by, and shall revoke the approval given to, any school of nursing which:</p> <p>SECTION 2786.6(a) Does not give to student applicants credit, in the field of nursing, for previous education and the opportunity to obtain credit for other acquired knowledge by the use of challenge examinations or other methods of evaluation; or</p> <p>SECTION 2786.6(b) Is operated by a community college and discriminates against an applicant for admission to a school solely on the grounds that the applicant is seeking to fulfill the units of nursing required by Section 2736.6.</p> <p>SECTION 6: CLINICAL FACILITIES / CLINICAL EXPERIENCES</p>	X		
	X		Policies are in place for transfer and challenges
	X		The nursing program has a diverse student population who are licensed LVNs seeking to complete the LVN-RN program.

APPROVAL CRITERIA

APPROVAL CRITERIA	WORK COPY		
	Compliance	Non-Compliance	COMMENTS
SECTION 1425.1(b) The registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.	X		Site visit to Santa Clara Valley Medical Center, 59 bed medical/surgical unit and the acute psych unit.
SECTION 1424(i) When non-faculty individuals participate in the instruction and supervision of students obtaining clinical experience, their responsibilities shall be described in writing and kept on file by the nursing program.	X		Non-faculty are utilized in the capstone course, Preceptorship
SECTION 1427(a) A nursing program shall not utilize agencies and/or community facilities for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b) and (c) of this section and the policies outlined by the board.	X		The nursing program has followed the BRN regulation for prior approval of clinical sites.
SECTION 1427(b) A program which utilizes agencies and/or community facilities for clinical experience shall maintain written objectives for student learning in such facilities, stated in measurable performance terms, and shall assign students only to facilities which can provide the experience necessary to meet those objectives.	X		
SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:	X		The clinical agreements meet the regulation requirements.
(1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;	X		
(2) Provision for orientation of faculty and students;	X		
(3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;	X		
(4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to the patients;	X		
(5) Provisions for continuing communication between the facility and the program; and	X		

APPROVAL CRITERIA	WORK COPY		
	Compliance	Non-Compliance	COMMENTS
(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.	X		
(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.	X		
SECTION 1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria: 1) acuity of patient needs; 2) objectives of the learning experience; 3) class level of the students; 4) geographic placement of students; 5) teaching methods; and 6) requirements established by the clinical agency.	X		The Gavilan College LVN-RN program admits 22-24 students. The ratio of faculty to nursing student is generally 1-12.
SECTION 1428(c) Tools used to evaluate students' progress and performance and clinical learning experiences shall be stated in measurable terms directly related to course objectives.	X		The clinical evaluation tools are stated in outcome measurable objective directly related to the theory content of AH 43 & 44. The Preceptor clinical evaluation tool measures outcomes. All clinical evaluation tools require use of scientific principles of the nursing process and utilize Orem's self care framework.
SECTION 7: STUDENT PARTICIPATION SECTION 1428(a) Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to: (1) Philosophy and objectives; (2) Clinical facilities; (3) Learning experience; and (4) Curriculum, instruction and evaluation of the various aspects of the program.	X X X X X		There is evidence presented by year 2005,2006,2007,2008 that students were provided a variety of opportunities to participate in the development and evaluation nursing program. Written evaluation of clinical sites. Written evaluation of each course, instructor at the end of each course and program overall completion.

Sections and Related BRN Approval Rules and Regulations

Section	Rules and Regulations
Section 1: Program Director and	Section 1424 (e); 1424(f); 1425(b) 1 – 5; 1425(c);

Assistant Director	
Section 2: Total Program Evaluation	Section 1424(b); 1424(b)(1); 1428(b)
Section 3: Sufficiency of Resources	1424(d)
Section 4: Program Administration and Faculty Qualifications	Section 1424(g); 1424(h); 1424(j); 1425; 1425(a); 1425(d); 1425(e); 1425(f);
Section 5: Curriculum	Section 1424(a); 1425; 1425.1(a); 1426(a); 1426(b); 1426(c); 1426(d); 1426(e); 1426(f); 1429(a); 1429(b); 1429(c); 2786.6; 2786.6(a); 2786.6(b)
Section 6: Clinical Facilities and Clinical Experiences	Section 1424(i); 1424(k); 1425.1 (b); 1427(a); 1427(b); 1427(c); 1428(c);
Section 7: Student Participation	Section 1428(a)

NCLEX PASS RATES FIRST TIME CANDIDATES

2004-2009

Gavilan College

JUL-SEP			OCT-DEC			JAN-MAR			APR-JUN			ANNUAL RATE		
2004 - Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent
9	6	66.67%	1	1	100.00%	1	1	100.00%	8	8	100.00%	19	16	84.21%
2005 - Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent
9	9	100.00%	0	0		0	0		4	4	100.00%	13	13	100.00%
2006 - Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent
14	13	92.86%	2	2	100.00%	0	0		12	12	100.00%	28	27	96.43%
2007 - Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent
7	5	71.43%	1	1	100.00%	0	0		4	4	100.00%	12	10	83.33%
2008 - Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent	Taken	Passed	Percent
15	12	80.00%	0	0		0	0		0	0		15	12	80.00%

Friday, November 07, 2008
Source: NCSBN G1-G6 Reports

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BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 10.3
DATE: January 15, 2009

ACTION REQUESTED: Approve/Not Approve Proposed Amendments and Additions to Regulations, Title 16, Division 14, Article 3, Schools of Nursing

REQUESTED BY: Miyo Minato, MN RN
Nursing Education Consultant

BACKGROUND:

At the September 19, 2008 Board meeting, the Board approved the proposed changes and additions to the regulations in Title 16, Division 14, Article 3, sections 1420 to 1430 with direction that non-substantive changes may be made by the staff and to proceed with the process for the regulatory changes. The Board also approved instructions and guidelines that were referenced in the proposed changes.

The proposed changes are being brought before the ELC one additional time since a substantive change was made to the definition of “Institution of higher education”. Additionally, revisions were made to new sections 1426.1 Preceptorship and 1430 Advanced Placement, renamed as Previous Education Credit.

The foremost significant change is in section 1420(j), definition of “Institution of higher education” that received communications from accrediting organizations and public comments at previous committee and board meetings. The new definition reads “Institution of higher education” means an educational setting that provides post-secondary or higher education, such as a university, a community college, and other collegial institution that grants associate of arts or baccalaureate or higher degree to individuals who graduate from the nursing program”. The revised definition does not make any reference to accreditation. Attachments 1 and 1a show the regulations; Attachment 1 as a document that will be used for public comments, and 1a is a document noting all changes - deletions are shown as strike outs and changes and additions are underlined. Attachments 2 to 6 are revised attachments that are referenced in the proposed regulations. Additionally, Attachments 7 and 8 are guidelines that have been revised to reflect new regulations being proposed.

Brief summary of changes made since the last meeting for clarity and consistency are:

- Changed “NCLEX” back to previous language “licensing examination”.
- Changed “Schools of Nursing” or school to “nursing program”.
- Changed the five content areas, medical-surgical, obstetrics, pediatrics, psych-mental health, and geriatrics, to be consistent with the regulatory language used in 1426(d), “medical-surgical, maternal/child, mental health, psychiatric nursing and geriatrics.”
- Combined definitions of “Education program” into “Course of instruction”.
- Rearranged and reworded Sections 1426.1 Preceptorship and 1430 Previous Education Credit.

NEXT STEPS:	Place on the Board Agenda
FINANCIAL IMPLICATIONS, IF ANY:	None
PERSON TO CONTACT:	Miyo Minato, NEC 323-890-9950

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CALIFORNIA CODE OF REGULATIONS Proposed Regulatory Amendments Article 3 Nursing Program

§ 1420. Definitions

For purposes of this article, the term:

(a) "Affiliated institution" means a non-institution of higher education, such as a hospital, that is approved or is seeking board approval for a nursing program and is affiliated with an institution of higher education pursuant to section 2786 of the code;

(b) "Approved nursing program" means a school, program, department or division of nursing in this state approved under the provisions of sections 2785 through 2789 of the code and this article;

(c) "Assistant Director" means a registered nurse administrator or faculty member who meets the requirements of section 1425(c) and is designated by the director to assist in the administration of the program and perform the functions of the director when needed;

(d) "Clinically competent" means that a nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the nursing area to which the faculty member is assigned;

(e) "Clinical practice" means the planned learning experiences designed for students to apply nursing knowledge and skills to meet course objectives in a variety of board-approved clinical settings. Clinical practice includes learning experiences provided in various health care agencies as well as nursing skills labs, simulation labs, and computer labs;

(f) "Content expert" means an instructor who has the responsibility to review and monitor the program's entire curricular content for a designated nursing areas of medical-surgical, maternal/child, mental health, psychiatric nursing or geriatrics.

(g) "Course of instruction" means the minimum education program that meets the requirements of section 1426 for eligibility to take the licensing examination and that is not less than two academic years or equivalent;

(h) "Director" means the registered nurse who meets the qualifications of sections 1425(b) and has the authority and responsibility to administer the program. The director is responsible and accountable for coordinating, directing, fiscal planning, and all activities involved in developing, implementing and managing the nursing program;

(i) "Faculty" means all registered nurses who teach in an approved nursing program pursuant to section 1425, including instructors, assistant instructors, and clinical teaching assistants;

(j) "Institution of higher education" means an educational setting that provides post-secondary or higher education, such as a university, a community college, and other collegial institution that grants associate of arts degree or baccalaureate or higher degree to individuals who graduate from the nursing program;

(k) "Learning experience" means those activities planned for students by the faculty that are designed to meet the objectives of the required course of instruction, including the basic standards of competent performance in section 1443.5;

(l) "Nursing process" means the application of scientific, evidence-based knowledge in the identification and treatment of actual or potential patient health problems. The nursing process includes assessment, nursing diagnosis, planning and outcome identification, implementation, and evaluation;

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(m) "Non-faculty" means all persons other than faculty members who meet the minimum qualifications of clinical teaching assistant and are selected by the nursing program to teach and/or supervise nursing students in designated clinical areas;

(n) "Preceptor" means an experienced registered nurse pursuant to section 1426.1(b)(1)(A), employed by a health care agency, who is assigned to assist and supervise nursing students in an educational experience that is designed and directed by a faculty member and who meets requirements for a clinical teaching assistant in section 1425(f);

(o) "Prelicensure registered nursing program" means an institution of higher education or affiliated institution that offers a course of instruction to prepare students for entry level registered nurse practice and to take the licensing examination;

(p) "Year" means an academic year.

§ 1421. Application for Approval.

(a) An institution of higher education or affiliated institution seeking approval of a new prelicensure registered nursing program (program applicant) shall be in the state and shall comply with the requirements specified in the Board's document entitled, "Instructions for Institutions Seeking Approval of a New Prelicensure Registered Nursing Program", (EDP-I-01 Rev 12/08), ("Instructions"), which is hereby incorporated by reference, including:

(1) Notify the Board in writing of its intent to offer a new program;

(2) Submit a feasibility study in accordance with the requirements specified in the "Instructions";

(3) Appoint a director who meets the requirements of section 1425(b). Such appointment shall be made upon Board acceptance of the feasibility study for the proposed program;

(4) After acceptance of the feasibility study by the Board, and no later than six (6) months prior to the proposed date for enrollment of students, submit a self-study to the Board in accordance with the requirements specified in the "Instructions" demonstrating how the program will meet the requirements of sections 1424 through 1432 of this article and sections 2786.6(a) and (b) of the code;

(5) Have a representative at specified public meetings of the Board or any Board committee pursuant to the "Instructions" when the feasibility study and self-study are considered.

(b) The Board shall consider the feasibility study at public meetings and accept, reject, or defer action on the study to permit the program applicant time to provide additional information to be considered, based upon the following criteria:

(1) Evidence of initial and sustainable budgetary provisions for the proposed program;

(2) Institution of higher education's authority to grant an associate of arts, baccalaureate, or higher degree;

(3) For affiliated institutions of higher education, an agreement with an appropriately accredited institution of higher education in the same general location authorized to grant an associate of arts, baccalaureate, or higher degree to students completing the nursing program;

(4) Evidence of availability of clinical placements for students of the proposed program;

(5) Plans for administrative and faculty recruitment to staff the proposed program.

(c) The Board's designee shall review the self-study, conduct a site visit of the proposed program, and submit a written report to the Board that contains findings as to whether the application and supporting documentation for the proposed program comply with the requirements set forth in (a)(4).

(d) The Board shall consider the application along with the written report and may thereafter grant or deny approval, or defer action on the application. The Board's decision is based on the

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applicant's demonstration that it meets the requirements of section 1424 through 1432 and sections 2786.6(a) and (b) of the code.

§ 1422. Certificate of Approval.

(a) A certificate of approval shall be issued to each nursing program when it is initially approved by the Board.

(b) The Board shall revoke a nursing program's approval, and the program shall return the certificate of approval to the board under the following conditions:

(1) The institution of higher education or the institution of higher education with which an affiliated institution cannot grant degrees; or

(2) The Board determines that the nursing program is in non-compliance with the requirements set forth in this article and/or sections 2786 through 2788 of the code.

§ 1423. Approval Requirements

(a) In order for a program to be approved by the Board or to retain its approval, it shall comply with all requirements set forth in this article and in sections 2786 through 2788 of the code.

(b) A material misrepresentation of fact by a program applicant or an approved nursing program in any information required to be submitted to the Board is grounds for denial of approval or revocation of the program's approval.

§ 1424. Administration and Organization of the Nursing Program.

(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.

(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.

(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.

(2) The program shall have a procedure for resolving student grievances.

(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication with the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.

(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.

(e) Sufficient period of time shall be set aside, by the institution, exclusively for the use of the director and the assistant director in the administration of the program.

(f) The program shall have a Board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered and who can perform the director's duties in the person's absence.

(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

(h) The faculty shall be adequate in type and number to develop and implement the program approved by the Board, and shall include at least one qualified instructor in each of the areas of nursing

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listed in section 1426 who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

(i) When non-faculty individuals participate in the instruction and supervision of students obtaining clinical experience, their responsibilities shall be described in writing and kept on file by the nursing program.

(j) The assistant director shall function under the supervision of the director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.

(k) The student/teacher ratio in the clinical setting shall be based on the following criteria:

- (1) acuity of patient needs;
- (2) objectives of the learning experience;
- (3) class level of the students;
- (4) geographic placement of students;
- (5) teaching methods; and
- (6) requirements established by the clinical agency.

§ 1425. Faculty—Qualifications and Changes.

All faculty, the director, and the assistant director shall be approved by the Board pursuant to the document, "Faculty Qualifications and Changes-Explanation of CCR 1425" (EDP-R-02 Rev 12/08), which is incorporated herein by reference. A program shall report to the Board all changes in faculty, including changes in teaching areas, prior to employment of or within 30 days after termination of employment of a faculty member. Such changes shall be reported on forms provided by the Board. Faculty members, the director and assistant director, shall possess the following qualifications:

(a) Each faculty member, the director, and the assistant director shall hold a clear and active license issued by the Board.

(b) The director of the program shall have:

(1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;

(2) A minimum of one (1) year's experience in a position as an administrator with validated performance of administrative responsibilities consistent with section 1420(h);

(3) A minimum of two (2) years' experience teaching in pre- or post-licensure registered nursing programs;

(4) At least one (1) year's continuous, full-time experience, or equivalent, providing direct patient care as a registered nurse; or

(5) Equivalent experience and/or education as determined by the Board.

(c) The assistant director shall meet the education requirements set forth in subsections (b)(1) above and the experience requirements set forth in subsections (b)(3) and (b)(4) above, or such experience as the Board determines to be equivalent.

(d) An instructor shall meet the following requirements:

(1) Those set forth in subsections (b)(1) and;

(2) At least one year's continuous, full-time experience, or equivalent, providing direct patient care as a registered nurse; and

(3) Direct patient care experience as a registered nurse, which includes registered nurse clinical teaching experience, in the designated nursing area of medical-surgical, maternal/child, mental health, psychiatric nursing or geriatrics, within the previous five (5) years;

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(4) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.

(e) An assistant instructor shall have:

(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;

(2) At least one (1) year's continuous, full-time experience, or equivalent, providing direct patient care as a registered nurse;

(3) Direct patient care experience as a registered nurse, which includes registered nurse clinical teaching experience, in the designated nursing area of medical-surgical, maternal/child, mental health, psychiatric nursing or geriatrics, within the previous five (5) years.

(f) A clinical teaching assistant shall have had at least one (1) year's continuous, full-time experience in the designated nursing area of medical-surgical, maternal/child, mental health, psychiatric nursing or geriatrics, within the previous five years (5), as a registered nurse providing direct patient care.

(g) A content expert shall be an instructor and shall have:

(1) a master's degree in the designated nursing area; or

(2) a master's degree that is not in the designated nursing area and shall:

(A) have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and

(B) have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of clinical teaching experience in the designated nursing area within the previous five (5) years.

§ 1425.1. Faculty Responsibilities.

(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.

(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.

(c) The registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.

(d) Each faculty member shall demonstrate clinical competence in the nursing area in which he or she teaches. The Board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 12/08), provides guidelines for attaining and documenting clinical competence, and is hereby incorporated by reference.

§ 1426. Required Curriculum; Prior Approval.

(a) The curriculum of a nursing program shall be that set forth in this section. A program's revised curriculum shall be approved by the Board prior to its implementation.

(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a nurse who completes the program will have the knowledge and skills necessary to function in accordance with the minimum standards for competency set forth in section 1443.5.

(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas:

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(1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.

(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of verbal, written and group communication.

(3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.

(d) Theory and clinical practice shall be concurrent in the following nursing areas: medical-surgical, maternal/child, mental health, psychiatric nursing, and geriatrics. Instructional outcomes will focus on delivering patient-centered care, practicing evidence-based practice, working as part of interdisciplinary teams, focusing on quality improvement, and using information technology. Instructional contents shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, legal, social and ethical aspects of nursing, and nursing leadership and management.

(e) The following shall be integrated throughout the entire nursing curriculum.

(1) nursing process;

(2) basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;

(3) physical, behavioral, and social aspects of human development from birth through all age levels;

(4) knowledge and skills required to develop collegial relationships with health care providers from other disciplines;

(5) communication skills including principles of verbal, written and group communications;

(6) natural sciences, including human anatomy, physiology, and microbiology; and

(7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.

(f) The program shall have tools that are directly related to course objectives to evaluate a student's academic progress, performance, and clinical learning experiences.

(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:

(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.

(2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.

§ 1426.1. Preceptorship

A preceptorship that is approved by the Board and meets the following criteria may be included in the curriculum. In order to be approved, the program shall:

(a) Provide students with a faculty planned and supervised, registered nursing experience that is comparable to an entry-level registered nurse position;

(b) Have written policies for the preceptorship course that are kept on file and that include, but are not limited to the following:

(1) Preceptor qualifications and responsibilities that include the following:

(A) have an active, clear license issued by the Board and meet the requirements specified in section 1425(f), and having been employed by the health care agency for a minimum of one year;

(B) have completed a preceptor orientation program prior to serving as a preceptor.

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- (C) be present and available on the patient care unit during all the time the student is rendering nursing services;
 - (2) Management of preceptor records, including names of all current preceptors, registered nurse licenses, and dates of preceptorships;
 - (3) Written plan for implementation of the preceptorship course, which includes:
 - (A) the selection process and criteria for preceptors;
 - (B) respective roles of the faculty member, preceptor, and student;
 - (C) designated relief preceptor similarly qualified who is present and available on the primary preceptor's days off to ensure program's continuity;
 - (D) no more than one relief preceptor for each student during a preceptorship;
 - (E) frequency and method of faculty, preceptor, and student contacts during the preceptorship;
 - (F) communication plan; and
 - (G) preceptor's responsibility for evaluating the student in collaboration with the faculty;
 - (4) faculty responsibilities include, but are not limited to the following:
 - (A) be available to the preceptor and the student during the entire time the student is involved in the clinical practice;
 - (B) provide ongoing and final evaluations of the student with input from the preceptor;
 - (C) conduct periodic onsite meetings and conferences;
 - (c) Conduct ongoing evaluations regarding the continued use of preceptors;
 - (d) Have an orientation program for preceptors that includes, but is not limited to:
 - (1) the purpose of the preceptor course;
 - (2) the responsibilities of faculty, preceptor, and student;
 - (3) the availability of the faculty during the preceptorship; and
 - (4) the plan for communication during the clinical practice;
 - (f) Have a faculty-to-student ratio for the preceptor course based on following criteria:
 - (1) student/preceptor needs;
 - (2) faculty's ability to effectively supervise;
 - (3) students' assigned nursing area;
 - (4) agency and facility requirements;
- Authority cited:** Sections 2686.6, 2685, to-2788, Business and Professions Code.

§ 1427. Clinical Facilities.

- (a) A nursing program shall not utilize any agency and/or facility for clinical experience without prior approval by the Board. Each program must submit evidence that it has complied with the requirements of subdivisions (b), (c), and (d) of this section and the policies outlined by the board.
- (b) A program that utilizes agencies and/or facilities for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.
- (c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:
 - (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;
 - (2) Provision for orientation of faculty and students;
 - (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;
 - (4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to the patients;

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- (5) Provisions for continuing communication between the facility and the program; and
- (6) A description of the responsibilities of faculty assigned to the facility utilized by the program.
- (d) In selecting student placement in a new agency and/or facility, the program new to the agency and/or facility shall take into consideration the impact of such additional group of students has on students of other nursing programs already assigned to the agency and/or facility.

§ 1428. Student Participation.

Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students, including but not limited to:

- (a) Philosophy and objectives;
- (b) Learning experience; and
- (c) Curriculum, instruction and evaluation of the various aspects of the program, including clinical facilities.

§ 1428.6. Policies Relating to Establishing Eligibility for Examination.

(a) At least four (4) weeks prior to its established graduation date, the nursing program shall submit to the Board a roster of names of those students and their expected date to successfully complete required course work. Except as provided below such a student shall be deemed eligible to take the examination after the date on which the student successfully completed the required course work.

(b) The nursing program shall notify the board immediately by telephone, facsimile, or e-mail of any student who fails to maintain eligibility and such individual shall be deemed ineligible to take the examination.

§ 1429. Licensed Vocational Nurses, Thirty (30) Semester or Forty-Five (45) Quarter Unit Option

(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in section 2736 of the code. Such applicant shall submit evidence to the Board, including a transcript of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology, with lab, comparable to such courses required for licensure as a registered nurse.

(b) The program shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken.

(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not count toward fulfillment of the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may be counted toward fulfillment of the additional education requirement.

Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental

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health, psychiatric nursing and geriatric nursing. The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.

§ 1430. Previous Education Credit.

An approved nursing program shall have a process for an applicant to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall:

(a) Make the information available to applicants and the public in published documents, such as college catalog or student handbook, and online;

(b) Have policies and procedures for alternative entry and completion options for applicants, who have:

(1) a license or certificate in the field of health care;

(2) previous education in a registered nursing program; or

(3) earned a baccalaureate or higher degree from a regionally accredited institution.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2736, 2786.6, Business and Professions Code.

§1431. Licensing Examination Pass Rate Standard.

The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing exam candidates.

(a) A program having a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the Board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.

(b) A Board-approval visit will be conducted if a program has a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive years.

(c) The Board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the Code.

Authority cited: Sections 2786.6 and 2788, Business and Professions Code.

§1432. Change of Name or Address.

Each school holding a certificate of approval shall file its legal name and current mailing address with the Board at its principal office and shall notify the Board at said office of any change or name or address within thirty (30) days after such change. It shall give both the old and the new name or address.

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Attachment 1a

CALIFORNIA CODE OF REGULATIONS Proposed Regulatory Amendments Article 3 ~~Schools of~~ Nursing Program

§ 1420. Definitions

For purposes of this article, the term:

(a) "Affiliated institution" means a non-institution of higher education, such as a hospital, that is approved or is seeking board approval for a nursing program and is affiliated with an institution of higher education pursuant to section 2786 of the code;

~~(a)~~ (b) "Approved nursing program" means a school, program, department or division of nursing in this state approved under the provisions of Sections 2785 through 2789 of the code and this article;

~~(b)~~ "Administration" means coordinating, directing and participating in all activities involving in developing, implementing and managing a nursing program;

(c) "Assistant Director" means a registered nurse administrator or faculty member who meets the requirements of section 1425(c) and is designated by the director to assist in the administration of the program and perform the functions of the director when needed;

~~(c)~~ (d) "Clinically competent" means that a nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the clinical-unit nursing area to which the instructor faculty member is assigned;

~~(d)~~ (e) "Clinical practice" means the planned learning experiences designed for students to apply application of nursing knowledge and skills to meet course objectives in a variety of board-approved clinical facilities settings. Clinical practice includes and participation in planned learning experiences provided in various health care agencies as well as nursing skills labs, simulation labs, and computer labs; by students, both of which are designed to meet course objectives;

(f) "Content expert" means an instructor who has the responsibility to review and monitor the program's entire curricular content for a designated nursing areas of medical-surgical, maternal/child, mental health, psychiatric nursing or geriatrics;

~~(f)~~ (g) "Course of instruction" means the minimum education program prescribed by the board that meets the requirements of section 1426 for eligibility to take the licensing examination and that is not less than two academic years or equivalent;

~~(g)~~ (h) "Director" means the registered nurse faculty member who meets the qualifications of sections 1425(b) and has the authority and responsibility who to administers the program, and who has the authority and responsibility for yearly fiscal planning of its resources. The director is responsible and accountable for coordinating, directing, fiscal planning, and all activities involved in developing, implementing and managing the nursing program;

~~(g)~~ "Education program" means an organized plan of instruction.

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~~(j)~~(i) "Faculty" means all registered nurses who teach in an approved nursing program accredited by the board pursuant to section 1425, including instructors, assistant instructors, and clinical teaching assistants;

(j) "Institution of higher education" means an educational setting that provides post-secondary or higher education, such as a university, a community college, and other collegial institution that grants associate of arts degree or baccalaureate or higher degree to individuals who graduate from the nursing program;

~~(e)~~ (k) "Learning experiences" means those activities planned for students by the faculty, ~~which that~~ are designed to meet the objectives of the required course of instruction, including the basic standards of competent performance in section 1443.5;

~~(l)~~ "Sponsoring hospital" means ~~a hospital which has implemented and is supporting a nursing program;~~

~~(h)~~ (l) "Nursing process" means the application of scientific, evidence-based knowledge in the identification and treatment of actual or potential patient health problems. The nursing process includes assessment, nursing diagnosis, planning and outcome identification, implementation, and evaluation; problem solving techniques of assessment, planning, implementing and evaluating a plan of care, which requires technical and scientific knowledge and judgmental and decision-making skills;

~~(k)~~ (m) "Non-faculty/preceptor" means all persons other than faculty members who meet the minimum qualifications of clinical teaching assistant and are selected by the nursing program to teach and/or supervise nursing students in designated clinical areas;

(n) "Preceptor" means an experienced registered nurse pursuant to section 1426.1(b)(1), employed by a health care agency, who is assigned to assist and supervise nursing students in an educational experience that is designed and directed by a faculty member;

(o) "Prelicensure registered nursing program" means an institution of higher education or affiliated institution that offers a course of instruction to prepare students for entry level registered nurse practice and to take the licensing examination;

~~(m)~~ (p) "Year" means an academic year.

§ 1421. Application for Accreditation Approval.

(a) ~~An educational institution of higher education or affiliated institution or sponsoring hospital seeking accreditation approval of a new prelicensure registered nursing program (program applicant) shall be in the state and shall comply with the requirements specified in the Board's document entitled, "Instructions for Institutions Seeking Approval of a New Prelicensure Registered Nursing Program", (EDP-I-01Rev 12/08), ("Instructions"), which is hereby incorporated by reference, including:~~

(1) ~~Notify the Board in writing of its intent to offer a new program. Upon the notification of such intent, a nursing consultant will be assigned to assist the proposed program with understanding the board's guidelines for the development of a new program.~~

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(2) Submit a feasibility study report in accordance with the requirements specified in the board's "Instructions" guidelines for development of a new program.

(3) Appoint a director who meets the requirements of Section 1425(b). Such appointments shall be made upon ~~b~~Board acceptance of the ~~plan~~ feasibility study for the proposed program.

(4) After acceptance of the feasibility study by the Board, and N~~no~~ later than six (6) months prior to the proposed date for enrollment of students, submit a self-study formal proposal to the ~~b~~Board in accordance with the requirements specified in the "Instructions" demonstrating how the program will meet the requirements of Sections 1424 through 1432 of this article and sections 2786.6(a) and (b) of the code.

(5) Have a representative at specified public meetings of the Board or any Board committee pursuant to the "Instructions" when the feasibility study and self-study are considered.

(b) The Board shall consider the feasibility study at public meetings and accept, reject, or defer action on the study to permit the program applicant time to provide additional information to be considered, based upon the following criteria:

(1) Evidence of initial and sustainable budgetary provisions for the proposed program;

(2) Institution of higher education's authority to grant an associate of arts, baccalaureate, or higher degree;

(3) For affiliated institutions of higher education, an agreement with an appropriately accredited institution of higher education in the same general location authorized to grant an associate of arts, baccalaureate, or higher degree to students completing the nursing program;

(4) Evidence of availability of clinical placements for students of the proposed program;

(5) Plans for administrative and faculty recruitment to staff the proposed program.

~~(b)(c)~~ A representative of the Board's designee shall review the self-study, conduct a site visit survey of the proposed program, and shall submit a written report to the Board that contains findings as to whether the application and supporting documentation for the proposed program comply with the requirements set forth in (a)(4).

~~(e)~~ (d) The Board shall consider the application along with the written report at a public meeting at which representatives of the program may appear, and may thereafter grant or deny accreditation approval, or defer action on the application. The Board's decision is based on the applicant's demonstration that it meets the requirements of section 1424 through 1432 and sections 2786.6(a) and (b) of the code. The board may thereafter grant or deny accreditation and shall notify the program of its decision.

~~(d)~~ A material misrepresentation of fact by a nursing program in any information required to be submitted to the board is grounds for denial or revocation of the program's accreditation.

§ 1422. Certificate of ~~Accreditation~~ Approval.

(a) A certificate of ~~accreditation~~ approval shall be issued to each nursing program when it is initially ~~accredited~~ approved by the board.

(b) The Board shall revoke a nursing program's approval, and the program shall return the A certificate of accreditation approval shall be returned to the board when the program's accreditation has been revoked, under the following conditions:

(1) The institution of higher education or the institution of higher education with which an affiliated institution cannot grant degrees; or

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(2) The Board determines that the nursing program is in non-compliance with the requirements set forth in this article and/or sections 2786 through 2788 of the code.

§ 1423. ~~Aaccreditation~~ Approval Requirements

(a) In order for a program to be ~~accredited~~ approved by the ~~b~~Board or to retain its ~~accreditation~~ approval, it shall comply with all requirements set forth in this article and in ~~S~~sections 2786 through 2788 of the code.

(b) A material misrepresentation of fact by a program applicant or an approved nursing program in any information required to be submitted to the Board is grounds for denial of approval or revocation of the program's approval.

§ 1424. Administration and Organization of the Nursing Program.

(a) There shall be a written statement of philosophy and objectives ~~which~~ that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.

(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.

(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.

(2) The program shall have a procedure for resolving student grievances.

(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication with the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.

(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.

(e) ~~A~~ Sufficient period of time shall be set aside, by the institution, exclusively for the use of the director and ~~or his or her designee~~ the assistant director in the administration of the program.

(f) The program shall have a ~~registered nurse faculty member~~ Board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered and who can perform the director's duties in the person's absence.

(g) ~~The f~~ Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

(h) The faculty shall be adequate in type and number to develop and implement the program approved by the ~~b~~Board, and shall include at least one qualified instructor in each of the areas of nursing listed in ~~S~~section 1426 who ~~shall be responsible for the educational program~~ will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject

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matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

(i) When non-faculty individuals participate in the instruction and supervision of students obtaining clinical experience, their responsibilities shall be described in writing and kept on file by the nursing program.

(j) The assistant director shall function under the supervision of the director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.

(k) The student/teacher ratio in the clinical setting shall be based on the following criteria:

- (1) acuity of patient needs;
- (2) objectives of the learning experience;
- (3) class level of the students;
- (4) geographic placement of students;
- (5) teaching methods; and
- (6) requirements established by the clinical agency.

§ 1425. Faculty—Qualifications and Changes.

All faculty, the director, and the assistant director shall be approved by the Board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425 (EDP-R-02 Rev12/08), which is incorporated herein by reference. A program shall report to the ~~b~~Board all changes in faculty, including changes in teaching areas, prior to employment of or within 30 days after termination of employment of a faculty member. Such changes shall be reported on forms provided by the ~~b~~Board. Faculty members, the director and assistant director, shall possess the following qualifications:

(a) ~~A nurse~~ Each faculty member, the director, and the assistant director ~~appointed on or after the effective date of these regulations shall hold a valid, clear and active license issued by the~~ appointed on or after the effective date of these regulations shall hold a valid, clear and active license issued by the ~~b~~Board.

(b) The ~~registered nurse~~ director of the program shall have:

- (1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;
- (2) A minimum of one (1) year's experience in an administrative position as an administrator with validated performance of administrative responsibilities consistent with Section 1420(h);
- (3) A minimum of two (2) years' experience teaching in pre- or post-licensure registered nursing programs;
- (4) At least one (1) year's continuous, full-time experience, or equivalent, providing direct patient care as a registered nurse ~~providing direct patient care;~~ or
- (5) Equivalent experience and/or education as determined by the ~~b~~Board.

(c) The ~~registered nurse~~ assistant director shall meet the education requirements set forth in subsections (b)(1) above and the experience requirements set forth in subsections (b)(3) and (b)(4) above, or such experience as the Board determines to be equivalent.

(d) An instructor shall meet the following requirements:

- (1) Those set forth in subsections (b)(1) and ~~(b)(4) above;~~

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(2) At least one year's continuous, full-time experience, or equivalent, providing direct patient care as a registered nurse; and

(3) Direct patient care experience as a registered nurse, which includes registered nurse clinical teaching experience, in the designated nursing area of medical-surgical, maternal/child, mental health, psychiatric nursing or geriatrics, within the previous five (5) years;

~~(2)~~ (4) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.

(e) An assistant instructor shall have:

(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;

(2) At least one (1) year's continuous, full-time experience, or equivalent, providing direct patient care as a registered nurse;

(3) Direct patient care experience as a registered nurse, which includes registered nurse clinical teaching experience, in the designated nursing area of medical-surgical, maternal/child, mental health, psychiatric nursing or geriatrics, within the previous five (5) years. ~~in direct patient care practice as a registered nurse.~~

(f) A clinical teaching assistant shall have had at least one (1) year's continuous, full-time experience in the designated nursing area of medical-surgical, maternal/child, mental health, psychiatric nursing or geriatrics, within the previous five years (5), as a registered nurse providing direct patient care.

(g) A content expert shall be an instructor and shall have:

(1) a master's degree in the designated nursing area; or

(2) a master's degree that is not in the designated nursing area and shall:

(A) have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and

(B) have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of clinical teaching experience in the designated nursing area within the previous five (5) years.

§ 1425.1. Faculty Responsibilities.

(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.

(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.

~~(b)~~ (c) The registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.

(d) Each faculty member shall demonstrate clinical competence in the nursing area in which he or she teaches. The Board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 12/08),

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provides guidelines for attaining and documenting clinical competence and is hereby incorporated by reference.

§ 1426. Required Curriculum; Prior Approval.

(a) The curriculum of a nursing program shall be that set forth in this section. A program's revised curriculum shall ~~not be implemented or revised until it has been~~ approved by the ~~b~~Board prior to its implementation.

(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a nurse who completes the program will have the knowledge and skills necessary to function in accordance with the minimum standards for competency set forth in section 1443.5.

(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas:

(1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.

(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of verbal, written and group communication.

(3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.

(d) Theory and clinical practice shall be concurrent in the following nursing areas: medical-surgical, maternal/child, mental health, psychiatric nursing, and geriatrics. Instructional outcomes will focus on delivering patient-centered care, practicing evidence-based practice, working as part of interdisciplinary teams, focusing on quality improvement, and using information technology. Instructional contents shall include, be given in, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, personal hygiene, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, legal, social and ethical aspects of nursing, and nursing leadership and management.

(e) The following shall be integrated throughout the entire nursing curriculum.

- (1) nursing process;
- (2) basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;
- (3) physical, behavioral, and social aspects of human development from birth through all age levels;
- (4) knowledge and skills required to develop collegial relationships with health care providers from other disciplines;
- (5) communication skills including principles of verbal, written and group communications;
- (6) natural sciences, including human anatomy, physiology, and microbiology; and
- (7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.

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(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.

~~(f)~~ (g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:

(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.

(2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.

§ 1426.1. Preceptorship

A preceptorship that is approved by the Board and meets the following criteria may be included in the curriculum. In order to be approved, the program shall:

(a) Provide students with a faculty planned and supervised, registered nursing experience that is comparable to an entry-level registered nurse position;

(b) Have written policies for the preceptorship course that are kept on file and that include, but are not limited to the following:

(1) Preceptor qualifications and responsibilities that include the following:

(A) have an active, clear license issued by the Board and meet the requirements specified in section 1425(f), and having been employed by the health care agency for a minimum of one year;

(B) have completed a preceptor orientation program prior to serving as a preceptor.

(C) be present and available on the patient care unit during all the time the student is rendering nursing services;

(2) Management of preceptor records, including names of all current preceptors, registered nurse licenses, and dates of preceptorships;

(3) Written plan for implementation of the preceptorship course, which includes:

(A) the selection process and criteria for preceptors;

(B) respective roles of the faculty member, preceptor, and student;

(C) designated relief preceptor similarly qualified who is present and available on the primary preceptor's days off, to ensure program's continuity;

(D) no more than one relief preceptor for each student during a preceptorship;

(E) frequency and method of faculty/preceptor/student contact during the preceptorship;

(F) communication plan; and

(G) plan specifying the preceptor's responsibility for evaluating the student in collaboration with the faculty;

(4) faculty responsibilities include but are not limited to the following:

(A) be available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity;

(B) provide the ongoing and final evaluation of the student with input from the preceptor;

(C) conduct periodic onsite meetings/conferences;

(c) Conduct ongoing evaluations regarding the continued use of preceptors;

(d) Have an orientation program for preceptors that includes, but is not limited to:

(1) the purpose of the preceptor course;

(2) the responsibilities of faculty, preceptor, and student;

(3) the availability of the faculty during preceptorial learning activities; and

(4) the plan for communication during the clinical practice;

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(f) Have a faculty/student ratio in the preceptor course based on the following:

- (1) student/preceptor needs;
- (2) faculty's ability to effectively supervise;
- (3) students' assigned nursing area;
- (4) agency/facility requirements;

Authority cited: Sections 2686.6, 2685, to-2788, Business and Professions Code.

§ 1427. Clinical Facilities.

(a) A nursing program shall not utilize any ~~agencyies~~ and/or ~~community~~ ~~facilityies~~ for clinical experience without prior approval by the ~~h~~Board. Each program must submit evidence that it has complied with the requirements of subdivisions (b), ~~and~~ (c), and (d) of this section and the policies outlined by the board.

(b) A program ~~which~~ that utilizes agencies and/or ~~community~~ facilities for clinical experience shall maintain written objectives for student learning in such facilities, ~~stated in measurable performance terms~~, and shall assign students only to facilities ~~which~~ that can provide the experience necessary to meet those objectives.

(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:

- (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;
- (2) Provision for orientation of faculty and students;
- (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;
- (4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to the patients;
- (5) Provisions for continuing communication between the facility and the program; and
- (6) A description of the responsibilities of faculty assigned to the facility utilized by the program.

(d) In selecting a new clinical agency and/or facility for student placement, the program new to the agency and/or facility shall take into consideration the impact of such additional group of students has on students of other nursing programs already assigned to the agency and/or facility

§ 1428. Student Participation.

~~(a)~~ Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to:

- ~~(1)~~ (a) Philosophy and objectives;
- ~~(2)~~ (b) Clinical facilities;
- ~~(3)~~ (c) Learning experience; and
- ~~(4)~~ (d) Curriculum, instruction and evaluation of the various aspects of the program, including clinical facilities.

~~(b) The program shall have a procedure for resolving student grievances.~~

~~(c) Tools used to evaluate progress, and performance and clinical learning experiences that are shall be and stated in measurable terms directly related to course objectives.~~

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§ 1428.6. Policies Relating to Establishing Eligibility for Examination.

(a) At least ~~two~~ four (4) weeks prior to its established graduation date, the nursing program shall submit to the ~~h~~Board a roster of names of those students and their expected date to successfully complete required course work. Except as provided below such a student shall be deemed eligible to take the examination after the date on which the student successfully completed the required course work.

(b) The nursing program shall notify the ~~h~~Board immediately by telephone, ~~or~~ facsimile, or e-mail of any student who fails to maintain eligibility and such individuals shall be deemed ineligible to take the examination.

§ 1429. Licensed Vocational Nurses, Thirty (30) Semester or Forty-Five (45) Quarter Unit Option

(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in ~~S~~section 2736 of the ~~C~~code. Such applicant shall submit evidence to the ~~h~~Board, including a transcript of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology, with lab, comparable to such courses required for licensure as a registered nurse.

(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken.

(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not count toward fulfillment of the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in ~~S~~section 1426, may be counted toward fulfillment of the additional education requirement.

Nursing courses shall be taken in an ~~accredited school~~ approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing. The nursing content shall include the basic standards for competent performance prescribed in ~~S~~section 1443.5 of these regulations.

§ 1430. Previous Education Credit.

An approved nursing program shall have a process for an applicant to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall:

(a) Make the information available to applicants and the public in published documents, such as college catalog or student handbook, and online;

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(b) Have policies and procedures for alternative program entry and completion options for an applicant who has:

- (1) a license or certificate in the field of health care;
- (2) previous education in a registered nursing program; or
- (3) earned a baccalaureate or higher degree from a regionally accredited institution.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2736, 2786.6, Business and Professions Code.

§1431. Licensing Examination Pass Rate Standard.

The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing exam candidates.

(a) A program having a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the Board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.

(b) A Board-approval visit will be conducted if a program has a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive years.

(c) The Board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the Code.

Authority cited: Sections 2786.6 and 2788, Business and Professions Code.

§1430 1432. Change of Name or Address.

Each school holding a certificate of ~~accreditation~~ approval shall file its legal name and current mailing address with the ~~Board~~ Board at its principal office and shall notify the ~~Board~~ Board at said office of any change of name or address within thirty (30) days after such change. It shall give both the old and the new name or address.



BOARD OF REGISTERED NURSING

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Ruth Ann Terry, MPH, RN, Executive Officer



Draft Rev.12/08//08

**INSTRUCTIONS FOR INSTITUTIONS SEEKING APPROVAL OF NEW
PRELICENSURE REGISTERED NURSING PROGRAM
(Business and Professions Code Section 2786;
California Code of Regulations Sections 1421, 1422, and 1423)**

PURPOSE

The Instructions specify the requirements and process for an institution of higher education or affiliated institution seeking approval of a new prelicensure registered nursing program (program applicant) pursuant to Business and Professions Code (B&PC) section 2786. The document is incorporated by reference in California Code of Regulations (CCR) section 1421.

STEPS IN THE APPROVAL PROCESS

In accordance with B&PC section 2786(a), the program applicant may apply for Board approval of a new prelicensure registered nursing program. Affiliated institutions must make an agreement with an institution of higher education in the same general location to grant degrees to students who complete the registered nursing program. Such written agreement must be made prior to seeking approval from the Board. A copy of this agreement must be submitted with the feasibility study, described in Step 2.

The institution of higher education offering the program or the institution of higher education granting the degree for the new affiliated institution must have the authority to grant an associate of arts degree or baccalaureate or higher degree to individuals who graduate from the nursing program.

STEP 1 – Submit a Letter of Intent:

Submit a letter of intent to the Board of Registered Nursing (BRN) at least one year in advance of the anticipated date for admission of students. The letter must specify the name of the institution seeking approval; contact person; type of nursing program, e.g., associate degree, baccalaureate degree, entry-level master's, etc., and its location; and proposed start date. The letter is to be addressed to:

Executive Officer
Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244-2100

The Board will acknowledge receipt of the letter of intent.

STEP 2 –Submit Feasibility Study

Submit a feasibility study to the BRN documenting the need for the program and the program applicant's ability to develop, implement, and sustain a viable prelicensure registered nursing program. The feasibility study shall include the following:

- a) Description of the institution and the institution's experience providing nursing or other health-related educational programs.
- b) Geographic area (community) served by the institution and a description of the community and its population.
- c) Description of the type of program being proposed (e.g., associate, baccalaureate, entry-level master's, etc.), the intended start date, projected size of the first class and enrollment projection for the first five years, and method for determining the projected enrollment.
- d) Information on the applicant pool and sustainability of enrollment for the proposed new prelicensure registered nursing program. Include data on existing nursing programs preparing students for licensure (vocational, associate, baccalaureate or entry level master's) within a 50 mile radius and a statement on plans for promoting the proposed program.
- e) Description of proposed provisions for required subject matter and support areas, including faculty and resources. (Consult CCR section 1426, Required Curriculum, for required subject matter.) Support areas include such items as the library, skills learning lab, and tutorial and counseling services.
- f) Budget projection that demonstrates initial and sustainable budgetary provisions for a full enrollment of the initial cohort. The projected budget demonstrates building of reserves to sustain the proposed program.
- g) Evidence of availability of clinical placements for students of the proposed program. Include a list of the clinical facilities that may be utilized for learning experiences and a description of any plans for future addition or expansion of health facilities. Provide a completed "Facility Verification Form" (EDP-I-01) for each health care facility that has agreed to provide clinical placement for students of the proposed program. When available, verification shall include the accommodations specifying shift and days.

Note: Clinical placements of the new program must take into consideration the impact on the use of the clinical facility by existing prelicensure registered nursing programs and must be coordinated with any process for clinical placement, such as consortium for regional planning.

STEP 3 – Review of Feasibility Study

Upon submission of the feasibility study, a BRN staff member will review the study, and will work with the planners of the proposed nursing program to clarify issues and resolve any deficiencies. Close communication with BRN staff must be maintained during this time period. The process for initial review usually takes three to four weeks.

STEP 4 –Education/Licensing Committee Recommendation on the Feasibility Study

When the feasibility study is deemed complete, it will be submitted to the Board's Education/Licensing Committee (ELC) for discussion and action at a regularly scheduled meeting. (The meeting is open to the public, and there are opportunities for public comment.) The BRN will notify the program applicant of the ELC meeting dates at which the Committee will discuss and take action on the feasibility study. A representative of the program must be present at the ELC meeting to respond to any questions from the Committee regarding the feasibility study. The ELC will recommend to the Board the acceptance or non-acceptance of the feasibility study, or may defer action on the study to permit the institution time to provide additional information at a subsequent ELC meeting. The ELC considers the following criteria in determining its recommendation to the Board:

- 1) Evidence of initial and sustainable budgetary provisions for the proposed program.
- 2) Institution of higher authority to grant an associate of arts, baccalaureate, or higher degree.
- 3) For affiliated institutions, the agreement with an institution of higher education in the same general location to grant an associate of arts degree or baccalaureate or higher degrees to students completing the nursing program.
- 4) Evidence of availability of clinical placements for students of the proposed program.
- 5) Plans for administrative and faculty recruitment to staff the proposed program.

STEP 5 - Board Action on the Feasibility Study

The ELC's recommendation on the feasibility study will be submitted for Board discussion and action at a regularly scheduled Board meeting. (The Board meeting is also open to the public, with opportunities for public comment.) The Board may accept or not accept the study, or may defer action on the study to provide the program applicant with an opportunity to provide additional information. The Board considers the criteria specified in Step 4 in rendering its decision.

STEP 6 - Appointment of Program Director

Upon acceptance of the feasibility study, the program applicant shall appoint a director who meets the requirements of CCR section 1425(b).

STEP 7 - Self-Study Report and Site Visit

Upon Board acceptance of the feasibility study, a BRN Nursing Education Consultant (NEC) will be assigned as the BRN liaison for the proposed program. The program director will have responsibility for preparing the self-study for the proposed program and coordinating the site-visit. At least six (6) months prior to the projected date of student enrollment the program applicant must submit to the NEC a self-study that describes how the proposed program plans to comply with all BRN nursing program-related rules and regulations. The attached *Preparing the Self-Study Report for Approval of Initial Prelicensure Nursing Program* (EDP-I-19 Rev 08/08) and *Criteria and Guidelines for Self-Study* (EDP-R-03 Rev 12/08) must be used to compile the self-study.

The NEC will review the report and notify the program director of any deficiencies, issues, or concerns with the self-study. Once the NEC has verified the self-study satisfactorily addresses the applicable rules and regulations, the NEC will schedule an on-site visit. The NEC will visit selected clinical sites the program plans to use as part of the on-site visit. Clinical site visits may

be deferred depending on the start date of the proposed program. The NEC will complete a written report of findings.

STEP 8 – ELC and Board Actions related to Approval of the Proposed Program

The NEC's written report is submitted to the Board's ELC for discussion and action at a regularly scheduled Committee meeting. The Committee may recommend that the Board grant or deny approval, or may defer action on the initial program approval to provide the program applicant a specified time period to resolve any problems and to resubmitted to the ELC. A representative of the proposed program must be present at the ELC meeting(s) to respond to any questions from the Committee.

The Board will take action at a regularly scheduled meeting following the ELC meeting. Representatives of the proposed program are encouraged to be present at the Board meeting(s) to respond to any questions. The action the Board may take includes the following:

- 1) Grant initial approval;
- 2) Deny approval;
- 3) Defer action on the approval to permit the program applicant a specified time period to resolve area(s) of non-compliance. After resolution of the area(s) of non-compliance, the proposed program must be submitted for Board action at another regularly scheduled meeting.

Any material misrepresentation of fact by the program applicant in any required information is grounds for denial of initial approval.

STEP 9 - Certificate of Approval

A certificate of approval will be issued by the BRN once the Board grants initial approval.



BOARD OF REGISTERED NURSING

P.O. Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 / www.rn.ca.gov

FACILITY VERIFICATION FORM

The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives. The facility validates that clinical spaces for new students are available and impact on existing clinical placements of nursing programs was reviewed.

Name of the School:	Name of Director/Designee:
	Telephone Number:
Name of health care facility:	Name of Director of Nursing/Designee:
Type of health care facility (Acute, OPD, SNF, etc.)	Telephone Number:
Average Daily Census for the agency:	Address of Facility:

	Medical-Surgical	Obstetrics	Pediatrics	Psych – Mental Health	Geriatrics
Type of units where students can be placed in the health care facility (Place X in the column)					
Average daily census for each area					
Average personnel staffing for the shift for a unit (Include number of RNs, LVNs, CNAs, separately)					
Number of students placed in the unit at any one time.					
<i>Identify shifts and days available for placement of students in the program</i>					

Provide the following information on all other schools utilizing your facility: **Attach additional sheets if needed.**

Schools	Category of students (RN, LVN, CNA, etc.)	Number of students	Days & Hours	Semesters (Fall, Spr.)	Units used

☐ This agency does not have spaces to offer clinical spaces to the new program.

☐ This agency intends to offer clinical placement(s) to this new program.

--	--

Agency Representative completing this form

Date

**BOARD OF REGISTERED NURSING**

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Ruth Ann Terry, MPH, RN, Executive Officer



PREPARING THE SELF-STUDY REPORT FOR INITIAL APPROVAL OF PRE-LICENSURE NURSING PROGRAM

This form contains instructions for preparation of the Self-Study Report for approval of initial prelicensure nursing program. This Self-Study Report serves as the cornerstone of the approval visit. The following items are to be included in the Self-Study Report:

- 1) NURSING PROGRAM APPROVAL APPLICATION AND COVER DATA SHEET (EDP-P-09);
 - 2) TOTAL CURRICULUM PLAN (EDP-P-05);
 - 3) REQUIRED CURRICULUM: CONTENT REQUIRED FOR LICENSURE (EDP-P-06);
 - 4) RESPONSE TO COMPLIANCE WITH BRN RULES & REGULATIONS;
 - 5) NURSING CURRICULUM AND CLINICAL FACILITIES (EDP-P-11)
 - 6) PROGRAM CLINICAL FACILITY VERIFICATION FORM (EDP-P-14)
 - 7) CONCLUSION
- Item 1 serves as a coversheet and, as such, should be the first thing in the Self-Study Report.
 - Items 2 and 3 pertain to the proposed curriculum plan and may be interspersed throughout the report as deemed appropriate.
 - Item 5, the narrative, is to be succinct and presented in a format that:
 - 1) is paginated, indexed for easy reference, and bound in a loose leaf binder; and
 - 2) is prepared with regulation cited, followed by narrative explanation.
 - 3) The entire self-study should be no more than 200 pages.
 - 4) is not formatted in columns.

The narrative section referring to compliance with BRN Rules & Regulations should:

- state the criteria (regulation);
- describe how the criteria are being met with appendices and/or charts where appropriate;
- demonstrate the inter-relationship of B&P section 2725 (scope of practice) and CCR section 1426 (Required Curriculum) to the curriculum content; and
- demonstrate the inter-relationship of the
 - Philosophy,
 - Terminal objectives (program objectives, outcomes),
 - Conceptual framework or statement of unifying theme and theory of learning,
 - Level objectives,
 - Course description,
 - Course objectives - theory and clinical, and
 - Content.

CRITERIA AND GUIDELINES FOR SELF-STUDY (EDP-R-03) serves as a guide in writing this portion of the narrative.

The narrative section referring to **CONCLUSION** should be a statement of:

- 1) the areas of strength;
- 2) the areas that need improvement in the program;
- 3) plans to address the areas needing improvement; and
- 4) plans for the program in the next 8 years.

This section should be no more than 20 pages.

CRITERIA & GUIDELINES FOR SELF-STUDYRuth Terry, MPH, RN
Executive Officer
(916) 322-3350

To become approved and to continue to be approved, a school shall, in addition to meeting the criteria stated in this document, comply with all sections of Article 3, Title 16, Chapter 14, California Code of Regulations and Article 4, Chapter 6, Business and Professions Code. A material misrepresentation of fact by a nursing program in any information required to be submitted to the Board is grounds for denial or revocation of the program's approval

APPROVAL CRITERIA	INDICATORS	EVIDENCE
I. ADMINISTRATION		Including, but not limited to:
SECTION 1424(a) There shall be a written statement of philosophy and objectives which serve as a basis for curriculum structure. Such statement shall take into consideration the individual differences of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines	<ul style="list-style-type: none"> • The philosophy and the objectives of a nursing program must be consistent and serve as the basis of the curriculum structure. • Philosophical statement is readily available in writing to students, applicants and the public. • Course objectives are written in clear, behavioral terms and are included in all course syllabi. • Program philosophy is included in Self-Study. 	<p>A. Students report consistent implementation of program philosophy in their experiences in the program.</p> <p>B. Philosophy includes faculty's beliefs about:</p> <ol style="list-style-type: none"> 1. Persons (humanity) 2. Art and science of nursing. 3. Nursing education, including the following individual differences among students, <ol style="list-style-type: none"> a. Cultural milieu, b. Ethnic background, c. Learning styles, and d. Support systems. <p>C. Program objectives reflect philosophy.</p>
SECTION 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.	<ul style="list-style-type: none"> • All policies and procedures by which the nursing program is administered shall reflect its philosophy and objectives. • Documents where information is available to students are included in the Self-Study. • Include a copy of Nursing Student Handbook with each Self-Study. 	<p>A. Written policies and procedures are available to student on the following activities: Admissions' Promotion; Retention; Graduation; Dismissal; Grievance policies' Transfer and Challenge policies.</p> <p>B. Students state they are aware of policies and procedures of the program and that they are universally applied.</p>

APPROVAL CRITERIA	INDICATORS	EVIDENCE
SECTION 1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedure, attrition and retention of students, and performance of graduates in meeting community needs.	<ul style="list-style-type: none"> • The evaluation process assesses the effectiveness of the total educational program, including the effectiveness of the evaluation plan as a quality improvement tool. • The faculty as a whole analyze data collected and make appropriate changes based on that input and the continuing evolution of nursing/health care theory and practice. • Faculty utilize a system to track problems and responses over time. 	<p>A. Written reports of the results of the total program evaluation, including:</p> <ol style="list-style-type: none"> 1. Attrition rates and patterns, 2. Surveys, e.g., students, graduates, employers, 2. NCLEX pass rates for past five years, and 3. Any student issues or complaints. <p>B. The above reports include:</p> <ol style="list-style-type: none"> 1. Patterns and trends, 2. Faculty analysis, 3. Outcome of analysis (change, resolution).
Section 1424(b)(2) The program shall have procedure for resolving student grievances	<ul style="list-style-type: none"> • The written procedure for resolution of student grievance should be consistent with the educational institution. • Identify location of written grievance policy in Self Study. 	<p>A. Written nursing program's grievance process printed in at least one official document.</p> <p>B. Grievance process is readily available to students, is objective and is universally applied.</p>
SECTION 1424(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.	<ul style="list-style-type: none"> • There is an organizational plan that shows lines of authority and channels of communication between the program, the institution and all clinical agencies. • Director has responsibility and authority to supervise and evaluate all program faculty and staff. • All faculty responsible for a nursing course, i.e., lead faculty, are approved as an Instructor and an Instructor, Assistant Director or the Director supervises all Assistant Instructors and Clinical Teaching Assistants. 	<p>A. Nursing Department organizational chart to include clinical agencies and relation to administration.</p> <p>B. Administrators, faculty and students verify authority and communication lines as indicated on organizational chart.</p> <p>C. Summary of minutes reflecting identified relationships and communications:</p> <ol style="list-style-type: none"> 1. faculty meetings 2. interdepartmental meetings 3. interagency meetings

APPROVAL CRITERIA	INDICATORS	EVIDENCE
SECTION 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.	<ul style="list-style-type: none"> There are adequate resources, including use of technology, to assist the students to achieve the program objectives. Faculty have identified and sought to mitigate any limitations in resources or any barriers students' experience in accessing resources. 	<p>A. Written summary evaluation of resources, to include: Faculty; Library; Staff services; Support services; Learning/skills laboratory; Laboratory resources; Physical space; Equipment, include technology, such as equipment for simulation; and Hardware/software</p> <p>B. Students and faculty verify adequacy of resources.</p> <p>C. Written report demonstrates tracking of any resource concerns or access problems.</p>
SECTION 1424(e) Sufficient period of time shall be set aside, by the institution, exclusively for the use of the director and the assistant director in the administration of the program.	<ul style="list-style-type: none"> Director will have sufficient time to perform the functions of the Director that includes the responsibility and authority to: <ol style="list-style-type: none"> Develop and implement the program budget, Plan, manage and evaluate all aspects of the program including, but not limited to: <ol style="list-style-type: none"> Faculty and staff, Curriculum development and implementation, Ensure program compliance with Board rules and regulations, and Act as a student advocate. The amount of time set aside, by the institution, for the exclusive use of the Director and Assistant Director to administer the RN program is specified. <p>Note: Refer to and implement CCR 1420 for definitions of "Director" and "Assistant Director".</p>	<p>A. Job description for:</p> <ol style="list-style-type: none"> Director Assistant director <p>B. Semester/quarter schedule for:</p> <ol style="list-style-type: none"> Director Assistant director
SECTION 1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered and who can perform the director's duties in the person's absence.	<ul style="list-style-type: none"> There will be at least one Assistant Director, with a defined duty statement, who meets the qualifications for Assistant Director as stated in Section 1425(c). The amount of release time for the Assistant Director is specified. 	<p>A. Credentials of Assistant Director:</p> <ol style="list-style-type: none"> Assistant Director Approval form Job descriptions of Assistant Director that defines administrative functions performed. <p>B. Nursing Department organizational chart reflecting Assistant Director's role.</p>

APPROVAL CRITERIA	INDICATORS	EVIDENCE
SECTION 1424(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.	<ul style="list-style-type: none"> Faculty minutes reflects faculty participation by all faculty with regard to: <ol style="list-style-type: none"> Input into program policy development, Responsibility for program implementation and outcomes, and Evaluation of all aspects of program. 	A. A summary report of minutes demonstrating faculty's participation on their: <ol style="list-style-type: none"> Development of policies and procedures Planning, organization, implementing and evaluating all aspects of the program. B. Organizational chart reflecting the manner by which the faculty functions C. Faculty handbook D. Validation from students, faculty and director.
SECTION 1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing listed in section 1426 who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.	<ul style="list-style-type: none"> Faculty members teaching in the nursing program will meet qualification listed in CCR 1425(d), (e) or (f). Information shall be available on each faculty's current education and experience in teaching theory and clinical. Faculty numbers, including the ratio of full-time to part-time faculty, will be sufficient to safely implement the curriculum. <p>Note: Refer to and implement CCR 1420 (d) for definition of "clinically competent."</p>	A. Faculty profiles that include the last five years of activities related to their teaching assignment(s) and their approved clinical area(s). CE hours &/or clinical work experiences sufficient to demonstrate faculty expertise and continued clinical competency. B. Identify education and clinical experience that qualifies each content expert for that role. C. List class schedule and faculty assignments and include in Self-Study. D. Faculty Approval/Resignation Notification forms(EDP-P-02)* E. Compliance with policy on content experts. * Use latest version of all Board Forms.
SECTION 1424(i) When non-faculty individuals participate in the instruction and supervision of students obtaining clinical experience, their responsibilities shall be described in writing and kept on file by the nursing program.	<ul style="list-style-type: none"> Non-faculty individuals shall have expertise in the area in which they are responsible for the clinical supervision of students. 	A. Identification of all non-faculty individuals and their responsibilities written and on file.
SECTION 1424(j) The assistant director shall function under the supervision of the director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.	<ul style="list-style-type: none"> Describe the hierarchy of the faculty in relation to implementing the curriculum. 	A. List relationships from Director through all faculty and non-faculty members and responsibility for curriculum. B. Supervision is consistent with program organizational chart.

APPROVAL CRITERIA	INDICATORS	EVIDENCE
<p>SECTION 1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria:</p> <ol style="list-style-type: none"> 1. acuity of patient needs; 2. objectives of the learning experience; 3. class level of the students; 4. geographical placement of students; 5. teaching methods; and 6. requirements established by the clinical agency. 	<ul style="list-style-type: none"> • Plan to show rationale for student/teacher ratio based on criteria, Section 1424(k). • Faculty evaluate initial and ongoing clinical placement of students. 	<p>A. Written process for determining student/teacher ratio in all clinical sites.</p> <p>B. Minutes of meetings between faculty and clinical agency personnel.</p> <p>C. A written summary report on student evaluations of clinical settings.</p> <p>D. Students report clinical settings are adequate for them to meet course objectives.</p>
II. FACULTY QUALIFICATIONS & CHANGES		Including, but not limited to:
<p>SECTION 1425 All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes-Explanation of CCR 1425" (EDP-R-02 Rev 12/08), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of or within 30 days after termination of employment of a faculty member. Such changes shall be reported on forms provided by the board.. Faculty members shall possess the following qualifications:</p>	<ul style="list-style-type: none"> • Director, Assistant Director, and all faculty must have on file in the program and with the Board an approval form, signed by Board staff, approving all administrative or teaching functions performed in the program. 	<p>Faculty, Assistant Director, and Director forms on file with Board are consistent with assignments and positions held in the program.</p>
<p>SECTION 1425(a) Each faculty member, the director, and the assistant director shall hold a clear and active license issued by the board.</p>	<ul style="list-style-type: none"> • All nurse faculty members, Director, and Assistant Director will have a clear and active RN licensed by the board at all times 	<p>List all faculty and administrators of the program showing current, active California RN licensure.</p>

APPROVAL CRITERIA	INDICATORS	EVIDENCE
<p>SECTION 1425(b) The director of the program shall have:</p> <p>(1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;</p> <p>(2) A minimum of one (1) year's experience in a position as an administrator with validated performance of administrative responsibilities consistent with section 1420(h);</p> <p>(3) A minimum of two (2) years' experience teaching in pre- or post-licensure registered nursing programs;</p> <p>(4) At least one (1) year's continuous, full-time experience, or equivalent, providing direct patient care as a registered nurse; or</p> <p>(5) Equivalent experience and/or education as determined by the board.</p>	<ul style="list-style-type: none"> • RN Director shall meet all requirements of 1425(b). 	<p>A. Narrative showing how position is filled:</p> <ol style="list-style-type: none"> 1. Appointed or elected (process), 2. Term of office, and 3. Amount of time for administrative functions. <p>B. Duty statement that includes functions listed under Indicators for section 1424(e). Also refer to definition of director in CCR 1420(h).</p> <p>C. Copy of approved Director or Assistant Director Approval (EDP-P-03)</p> <p>Note: It is the program's responsibility to demonstrate that a non-nursing degree and/or non-academic administrative experience meets the requirements of 1425(b).</p>
<p>SECTION 1425(c) The registered nurse assistant director shall meet the education requirements set forth in subsection (b)(1) above and the experience requirements set forth in subsections (b)(3) and (b)(4) above or such experience as the Board determines to be equivalent.</p>	<ul style="list-style-type: none"> • The registered nurse Assistant Director shall meet minimum requirements of section 1425(c). 	<p>A. Narrative showing how position is filled:</p> <ol style="list-style-type: none"> 1. Appointed or elected position 2. Term of office, and 3. Amount of time for administrative functions. <p>B. Duty statement that includes administrative functions assigned or shared. See definition, CCR section 1420(c) and 1420(e).</p> <p>C. Copy of approved Director or Assistant Director Approval (EDP-P-03).</p>

APPROVAL CRITERIA	INDICATORS	EVIDENCE
<p>SECTION 1425(d) An instructor shall meet the following requirements:</p> <p>(1) Those set forth in subsections (b)(1) and;</p> <p>(2) At least one year's continuous, full-time experience, or equivalent, providing direct patient care as a registered nurse; and</p> <p>(3) Direct patient care experience as a registered nurse, which includes registered nurse clinical teaching experience, in the designated nursing area of medical-surgical, maternal/child, mental health, psychiatric nursing or geriatrics, within the previous five (5) years;</p> <p>(4) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.</p>	<ul style="list-style-type: none"> Instructors in the nursing programs shall meet minimum requirements of section 1425(d). 	<p>A. Faculty Approval/Resignation Notification (EDP-P-02).</p> <p>B. Description of clinical experience in approved content area within the previous five years.</p>
<p>(a) SECTION 1425(e) An assistant instructor shall have:</p> <p>(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;</p> <p>(2) At least one (1) year's continuous, full-time experience, or equivalent, providing direct patient care as a registered nurse;</p> <p>(3) Direct patient care experience as a registered nurse, which includes registered nurse clinical teaching experience, in the designated nursing area of medical-surgical, maternal/child, mental health, psychiatric nursing or geriatrics, within the previous five (5) years.</p>	<ul style="list-style-type: none"> An Assistant Instructor shall meet minimum requirements of section 1425(e). 	<p>A. Faculty Approval/Resignation Notification (EDP-P-02).</p> <p>B. Description of clinical experience in approved content area within the previous five years.</p>
<p>SECTION 1425(f) A clinical teaching assistant shall have had at least one (1) year's continuous, full-time experience in the designated nursing area of medical-surgical, maternal/child, mental health, psychiatric nursing or geriatrics, within the previous five years (5), as a registered nurse providing direct patient care</p>	<ul style="list-style-type: none"> The clinical teaching assistant shall meet the minimum requirements for section 1425(f). 	<p>A. Faculty Approval/Resignation Notification (EDP-P-02).</p> <p>B. Description of clinical experience in approved content area within the previous five years</p>

APPROVAL CRITERIA	INDICATORS	EVIDENCE
<p>SECTION 1425(g) A content expert shall be an instructor and shall have:</p> <p>(1) a master's degree in the designated nursing area; or</p> <p>(2) a master's degree that is not in the designated nursing area and shall:</p> <p>(A) have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and</p> <p>(B) have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of clinical teaching experience in the designated nursing area within the previous five (5) years.</p>	<ul style="list-style-type: none"> At least one content expert in the area of medical-surgical, maternal/child, mental-health, psychiatric nursing, and geriatrics with each expert's qualifying credentials listed in the Self-Study. Refer to CCR 1420(g) for qualifications for a content expert. Identification of content expert role in the curriculum implementation.. 	<p>A. Faculty profiles that include the last five years of activities related to their teaching assignment(s) and their approved clinical area(s). CE hours &/or clinical work experiences sufficient to demonstrate faculty expertise and continued clinical competency.</p> <p>B. Identify education and clinical experience that qualifies each content expert for that role</p> <p>C. Description on how content expert role is accomplished in program is included in the Self-Study</p>
III. FACULTY RESPONSIBILITIES		Including, but not limited to
<p>SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.</p>	<ul style="list-style-type: none"> There shall be a record showing all activities and responsibilities of each faculty member. The Board considers each faculty member responsible for the consistent implementation of the program philosophy, objectives, policies and curriculum. The Board considers part time faculty share the same responsibility as full time faculty. 	<p>A. Schedule of faculty/student rotations.</p> <p>B. Faculty job description</p> <p>C. Program's full-time/part-time policy.</p> <p>D. Students report consistent implementation of philosophy and framework across the curriculum.</p> <p>E. Meeting minutes, such as faculty, curriculum, etc.</p>
<p>SECTION 1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation</p>	<ul style="list-style-type: none"> Policy on orientation of a new faculty member. Faculty handbook 	<p>A. Policy on faculty orientation;</p> <p>B. Verification by faculty members.</p>

APPROVAL CRITERIA	INDICATORS	EVIDENCE
SECTION 1425.1(c) The registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.	<ul style="list-style-type: none"> Registered nurse faculty members are responsible exclusively for clinical supervision of students in the registered nursing program. List names of any faculty with a dual appointment between the institution and service and how position is funded. 	<p>A. Schedule of faculty/student rotations.</p> <p>B. Clinical agency contracts reflect faculty responsibility for student supervision.</p>
SECTION 1425.1(d) Each faculty member shall demonstrate clinical competence in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 12/08), provides guidelines for attaining and documenting clinical competence, and is hereby incorporated by reference.	<ul style="list-style-type: none"> Policy on faculty remediation. 	<p>A. Faculty profiles that include the last five years of activities related to their teaching assignment(s) and their approved clinical area(s). CE hours &/or clinical work experiences sufficient to demonstrate faculty expertise and continued clinical competency.</p> <p>B. Completed faculty remediation plans.</p>
IV. REQUIRED CURRICULUM; PRIOR APPROVAL		Including, but not limited to:
SECTION 1426(a) The curriculum of a nursing program shall be that set forth in this section. A program's curriculum shall not be implemented or revised until it has been approved by the Board.	<ul style="list-style-type: none"> The Board of Registered Nursing shall approve the current curriculum of a nursing program prior to its implementation. 	<p>A. Program curriculum forms are <u>signed</u> and consistent with Board files.</p> <ol style="list-style-type: none"> Total Curriculum Plan form (EDP-P-05). Course of Instruction form (EDP-P-06). <p>B. Hours & units implemented are consistent with Program and Board files.</p>
SECTION 1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by faculty, and shall be designed so that a nurse who completes the program will have the knowledge and skills necessary to function in accordance with the minimum standards for competency set forth in Section 1443.5.	<ul style="list-style-type: none"> Curriculum shall have a unifying theme that includes the nursing process and is a plan that provides the necessary knowledge and skills for the student to function and meet minimum standards of competence (CCR 1443.5). Narrative and/or a diagram showing how curriculum model includes nursing process and embodies program philosophy. Each faculty implements curriculum according to agreed upon philosophy, objectives and theoretical framework. 	<p>A. Consistency of curriculum will be reflected in:</p> <ol style="list-style-type: none"> Course syllabi, Student and faculty evaluations, and Pattern of attrition across the curriculum. <p>B. Relevance of curriculum to current practice standards (CCR 1443.5) is demonstrated by:</p> <ol style="list-style-type: none"> NCLEX pass rates and trends, Written summary of graduate survey evaluations, and Written summary of employer survey evaluations.

APPROVAL CRITERIA	INDICATORS	EVIDENCE
SECTION 1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas:	<ul style="list-style-type: none"> The curriculum shall reflect the minimum requirements as stated in section 1426(c). Curriculum forms signed and dated by Board staff on file match program files. 	A. Total Curriculum Plan for (EDP-P-05). B. Required Curriculum/Content Required for Licensure (EDP-P-06R) C. Approved units and hours consistent:
(1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice	<ul style="list-style-type: none"> Course syllabi reflect units and hours documented on curriculum forms. 	A. Board forms, B. College catalog, C. Course syllabi, D. Class schedule, E. Nursing Student Handbook, F. Verification from students and faculty.
(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of verbal, written and group communication.	<ul style="list-style-type: none"> College courses that emphasize interpersonal communication skills, verbal, written, group. Separate communication courses and may also be included in nursing courses, identify where met. 	EDP-P-06
(3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.	<ul style="list-style-type: none"> A minimum of 16/24 units of sciences required, e.g., anatomy, physiology, microbiology, psychology, sociology, or cultural anthropology. Other science units may be included or be apart of other degree requirements. 	Appropriate Board forms and program sources confirm compliance. *
SECTION 1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: medical-surgical, maternal/child, mental health, psychiatric nursing, and geriatrics. Instructional outcomes will focus on delivering patient-centered care, practicing evidence-based practice, working as part of interdisciplinary teams, focusing on quality improvement, and using information technology. Instructional contents shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, legal, social and ethical aspects of nursing, and nursing leadership and management.	<ul style="list-style-type: none"> All nursing courses shall have concurrent theory and clinical practice. Clinical practice sufficient to meet course objectives and standards of competent performance (CCR 1443.5) is expected for each of five clinical areas of nursing practice. 	A. Schedule of classes. B. Schedule of clinical rotations. C. Identification of content areas that are integrated (e.g., geriatrics, nutrition, and pharmacology, etc.) D. Course syllabi.

APPROVAL CRITERIA	INDICATORS	EVIDENCE
<p>SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum:</p> <ol style="list-style-type: none"> (1) nursing process; (2) basic intervention skills in preventive, remedial, supportive and rehabilitative nursing; (3) physical, behavioral and social aspects of human development from birth through all age levels; (4) the knowledge and skills required to develop collegial relationships with health care providers from other disciplines; (5) communication skills including principles of verbal, written and group communications; (6) natural sciences including human anatomy, physiology and microbiology; and (7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, human development, and behavior relevant to health-illness. 	<ul style="list-style-type: none"> • The curriculum shall reflect all subsections of Section 1426(e). • Include in Self Study the approved (<u>signed by NEC</u>) curriculum forms: <ol style="list-style-type: none"> 1. Total Curriculum Plan (EDP-P-05 or EDP-P-05A) 2. Required Curriculum/Content Required for Licensure (EDP-P-06 or EDP-P-06 Rev 09/01) 	<p>A. Course syllabi will contain appropriate:</p> <ol style="list-style-type: none"> 1. Course objectives, 2. Curriculum content, and 3. Clinical experiences, including nursing skills and clinical conference. <p>B. Communication skills and related sciences provided by:</p> <ol style="list-style-type: none"> 1. Support courses provided on campus and/or accepted as transfer credit 2. Integration into nursing courses <p>C. Narrative summary evaluating relevance and effectiveness of above content.</p>
<p>SECTION 1426(f) The program shall have tools that are directly related to course objectives to evaluate a student's academic progress, performance, and clinical learning experiences.</p>	<ul style="list-style-type: none"> • There is a formal plan for evaluation of students' achievements that is based upon clinical objectives that are measurable and related to course outcome objectives. • The student evaluation plan is consistently implemented across the curriculum. 	<p>A. Clinical evaluation tools related to clinical/course objectives that are stated in measurable terms.</p> <p>B. Documentation of student conferences.</p> <p>C. Report by students of consistent implementation of evaluation of students' academic progress based on clearly stated objectives.</p>
<p>SECTION 1426(g) The course of instruction shall be presented in semester or quarter units under the following formula:</p> <ol style="list-style-type: none"> 1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. 2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. 	<ul style="list-style-type: none"> • Nursing program must utilize semester or quarter units as designated by college policy. Indicate if using a compressed calendar • Total hours for theory is based on the number of weeks times one hour/week/unit. • Total hours for clinical is based on the number of weeks times 3 hrs/week/unit. <p>Note: Courses may be compressed as long as total number of hours/unit equals the total for the base number of weeks in the semester or quarter.</p>	<p>A. Hours per unit accurately reflected in:</p> <ol style="list-style-type: none"> 1. Total Curriculum Plan Form (EDP-P-05 or EDP-P-05A) Form 05A will calculate total hours if opened in Excel. 2. College/university catalogue 3. Course outlines/syllabi 4. Student handbook 5. Credit granted

APPROVAL CRITERIA	INDICATORS	EVIDENCE
<p>SECTION 1426.1 A preceptorship that is approved by the board and meets the following criteria may be included in the curriculum. In order to be approved, the program shall:</p> <p>SECTION 1426.1(a) Provide students with a faculty planned and supervised, registered nursing experience that is comparable to an entry-level registered nurse position</p>	<ul style="list-style-type: none"> • Preceptorship course, if implemented is approved by the Board; • Faculty is assigned to a course has the supervisory responsibilities for the course; • Policies and procedures for the preceptorship course are clear; 	<p>Preceptorship course policies.</p>
<p>SECTION 1426.1(b) Have written policies for the preceptorship course that are kept on file and that include, but are not limited to the following:</p> <p>(1) Preceptor qualifications and responsibilities that include the following:</p> <p>(A) have an active, clear license issued by the board and meet the requirements specified in section 1425(f), and having been employed by the health care agency for a minimum of one year;</p> <p>(B) have completed a preceptor orientation program prior to serving as a preceptor.</p> <p>(C) be present and available on the patient care unit during all the time the student is rendering nursing services;</p>	<ul style="list-style-type: none"> • Preceptors meet the requirements per 1426.1;(b)(1); • Required records for preceptors are maintained; 	
<p>SECTION 1426.1(b)(2) Management of preceptor records, including names of all current preceptors, registered nurse licenses, and dates of preceptorships;</p>		

APPROVAL CRITERIA	INDICATORS	EVIDENCE
<p>SECTION 1426.1(b)(3) Written plan for implementation of the preceptorship course, which includes:</p> <p>(A) the selection process and criteria for preceptors;</p> <p>(B) respective roles of the faculty member, preceptor, and student;</p> <p>(C) designated relief preceptor similarly qualified who is present and available on the primary preceptor's days off. to ensure program's continuity;</p> <p>(D) no more than one relief preceptor for each student during a preceptorship;</p> <p>(E) frequency and method of faculty, preceptor, and student contacts during the preceptorship;</p> <p>(F) communication plan; and</p> <p>(G) preceptor's responsibility for evaluating the student in collaboration with the faculty;</p>		Preceptor course materials
<p>SECTION 1426.1(b)(4) faculty responsibilities include, but are not limited to the following:</p> <p>(A) be available to the preceptor and the student during the entire time the student is involved in the clinical practice;</p> <p>(B) provide ongoing and final evaluations of the student with input from the preceptor;</p> <p>(C) conduct periodic onsite meetings and conferences;</p>	<ul style="list-style-type: none"> • Onsite meetings are held at regular intervals; • Conduct ongoing monitoring and evaluation; 	Preceptorship course files
<p>SECTION 1426.1(c) Conduct ongoing evaluations regarding the continued use of preceptors;</p>		
<p>SECTION 1426.1(d) Have an orientation program for preceptors that includes, but is not limited to:</p> <p>(1) the purpose of the preceptor course;</p> <p>(2) the responsibilities of faculty, preceptor, and student;</p> <p>(3) the availability of the faculty during the preceptorship; and</p> <p>(4) the plan for communication during the clinical practice;</p>	<ul style="list-style-type: none"> • Formalized orientation program is available for preceptors; • Preceptors complete an orientation prior to being assigned students; 	Interview with students/preceptors

APPROVAL CRITERIA	INDICATORS	EVIDENCE
SECTION 1426.1(f) Have a faculty-to-student ratio for the preceptor course based on following criteria: (1) student/preceptor needs; (2) faculty's ability to effectively supervise; (3) students' assigned nursing area; agency and facility requirements	<ul style="list-style-type: none"> Rationale on the faculty-student ratio used; 	Effectiveness of supervision using the given ratio. Responses from faculty, preceptors, students.
V. CLINICAL FACILITIES		Including, but not limited to
Section 1427(a) A nursing program shall not utilize any agency and/or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b), (c), and (d) of this section and the policies outlined by the board.	<ul style="list-style-type: none"> List of clinical facilities used by the nursing program is kept. Program will have a Clinical Site Approval form (EDP-P-08) for each facility the program uses for clinical learning experience. Verification that selected clinical sites meet requirements of subdivision (b)(c) below. 	A. The following documents verify compliance: 1. Clinical Site Approval form (EDP-P-08),* 2. Curriculum/Faculty form (EDP-P-11) 3. Clinical contracts, 4. Minutes of interagency meetings, and 5. Written evaluation/verification of clinical sites. (May use Verification Form EDP-P-14.)
Section 1427(b) A program that utilizes agencies and/or facilities for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.	<ul style="list-style-type: none"> Clinical agencies shall be utilized only when they can provide the experiences necessary to meet course objectives. Written objectives shall be posted and available on each unit or area when students are present. 	A. The following demonstrates compliance: 1. Consultants are readily able to obtain current written objectives at each site visited. 2. Students report ability to meet clinical objectives and that faculty and RN staff support the students' learning. 3. Written report that summarizes student and faculty evaluations of clinical sites and changes made when indicated.

APPROVAL CRITERIA	INDICATORS	EVIDENCE
<p>SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:</p> <p>(1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;</p> <p>(2) Provisions for orientation of faculty and students;</p> <p>(3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;</p> <p>(4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to the patients.</p> <p>(5) Provisions for continuing communication between the facility and the program; and</p> <p>(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.</p>	<ul style="list-style-type: none"> • Clinical contracts shall meet the requirements stated in section 1427(c)(1)-(6). (Include in the Self Study as a sample of contract form(s) used.) • A process that faculty use for discussing the program's philosophy, curricular framework and specific course objectives with clinical agencies. (Include in Self Study.) • A statement of adequate staffing must be included in the contract with the clinical agency. • Job responsibilities of the faculty should be delineated in the agency contracts. • How orientation of faculty occurs and who is responsible to orient students. 	<p>A. All clinical agencies used by program will have a signed, current contract that includes all the requirements of 1427(c)(1) – (6).</p> <p>B. Written summary of interagency meetings including resolution of any problems.</p> <p>C. Written plan for the following if not detailed in contract:</p> <ol style="list-style-type: none"> 1. Communication between agency and college or university. 2. Orientation of faculty and students. 3. Preceptor Program if applicable. 4. Work-Study Program if applicable.
<p>SECTION 1427(d) In selecting student placement in a new agency and/or facility, the program new to the agency and/or facility shall take into consideration the impact of such additional group of students has on students of other nursing programs already assigned to the agency and/or facility.</p>	<ul style="list-style-type: none"> • Interagency meeting minutes shall reflect considerations of impact being given on placement of a new clinical group at the agency. 	

APPROVAL CRITERIA	INDICATORS	EVIDENCE
VI. STUDENT PARTICIPATION		Including, but not limited to:
<p>Section 1428(a) students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to:</p> <p>(1) Philosophy and objectives;</p> <p>(2) Learning experiences; and</p> <p>(3) Curriculum, instruction and evaluation of the various aspects of the program, including clinical facilities.</p>	<ul style="list-style-type: none"> • There is active student participation formally or informally with the faculty in the identification of policies and procedures relating to the students in the nursing program. • Avenues for student input listed in Self Study, such as: <ol style="list-style-type: none"> 1. Committee membership(s) and whether students have voting privileges, 2. Student representatives by name and level, 3. Method used to collect written student course evaluations, and 4. Utilization of student nurses organization if applicable. 5. Any other avenues open to students to have input into program activities. 	<p>A. Written report tracking student issues and complaints and program responses. (Identify location of verifying documentation.)</p> <p>B. Verification from students and faculty concerning student participation.</p> <p>C. Faculty analysis of student evaluations of courses, faculty, clinical sites and program, including changes made as appropriate.</p> <p>D. Description of student representative's responsibilities, how selected and process for student to student communication.</p>
VII. POLICIES RELATING TO ESTABLISHING ELIGIBILITY FOR EXAMINATION		Including, but not limited to:
<p>SECTION 1428.6(a) At least four (4) weeks prior to its established graduation date, the nursing program shall submit to the board a roster of names of those students and their expected date to successfully complete required course work. Except as provided below such a student shall be deemed eligible to take the examination after the date on which the student successfully completed the required course work.</p>	<p>Procedure is in place for submission of Board required forms for graduates of the program.</p>	<p>Policies and procedures used by the program.</p>
<p>SECTION 1428.6(b) The nursing program shall notify the board immediately by telephone, facsimile, or e-mail of any student who fails to maintain eligibility and such individual shall be deemed ineligible to take the examination.</p>		

APPROVAL CRITERIA	INDICATORS	EVIDENCE
VII. LICENSED VOCATIONAL NURSES, Thirty (30) Semester or Forty-Five (45) Quarter Unit Option		Including, but not limited to
SECTION 1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in Section 2736 of the Code. Such applicant shall submit evidence to the Board, including a transcript, of successful completion of the requirements set forth in sub-section (c) and of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.	Note: This section refers to the California Licensed Vocational Nurse applying for licensure in California as a Registered Nurse through the 30 unit/45 unit Option. The process for program applicants who are applying for advanced placement due to prior education and experience should be addressed under Transfer and Challenge section 2786.6.	Transcripts will reflect eligibility to sit for the licensure examination in California.
SECTION 1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken.	<ul style="list-style-type: none"> • Counseling is provided to all LVN applicants to the program and shall include the following: <ol style="list-style-type: none"> 1. Minimum requirements for licensure shall be explained objectively to each applicant. 2. Previous courses shall be analyzed on an individual basis. 3. No recency requirements shall be applied to prerequisite courses for this option. • There is at least one officially published document describing this option. 	<p>A. The official school document that indicates all options available to LVNs interested in RN licensure and that each applicant will be individually evaluated.</p> <p>B. Program Director, college/university counselors and students verify option is made available and that counseling is offered.</p> <p>C. Written narrative of program's experience with 30 (45) unit Option students including:</p> <ol style="list-style-type: none"> 1. Number of graduates, 2. Evaluation of attrition rates, and 3. Licensing exam (NCLEX) pass rates.
SECTION 1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not count toward fulfillment of the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in Section 1426, may be counted toward fulfillment of the additional education requirement.	<ul style="list-style-type: none"> • Curriculum requirements for 30/45 unit Option included in Self Study is consistent with Board approved curriculum requirements for this option. (EDP-P-06 or EDP-P-06 Rev.) • The program will specify no more than 30 semester or 45 quarter units for completion of minimum requirements for a California LVN to be eligible for the NCLEX-RN. • Course work will be beyond the licensed vocational nursing level. 	<p>A. Transcripts shall reflect designated courses required by section 1429(c).</p> <p>B. Course syllabi for this option reflect the minimum units/hours as listed on approved curriculum form.</p> <p>C. Implementation of this option verified by students and faculty.</p>

APPROVAL CRITERIA	INDICATORS	EVIDENCE
Nursing courses shall be taken in an approved program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing, and geriatric nursing. The nursing content shall include the basic standards for competent performance prescribed in Section 1443.5 of these regulations.	Note: Students who complete this option (30/45 unit) will take NCLEX-RN as a non-graduate. This status will not change even if student goes on to obtain a degree. There is no restriction to practice within California. The student may have difficulty in transferring to another state or territory. The student may also have difficulty applying to a college/university for an advanced degree.	
VIII PREVIOUS EDUCATION CREDIT		
<p>SECTION 1430 An approved nursing program shall have a process for an applicant to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall:</p> <p>SECTION 1430(a) Make the information available to applicants and the public in published documents, such as college catalog or student handbook, and online;</p>	<ul style="list-style-type: none"> Process for providing alternative entry and completion options for applicants will be described in Self Study and includes: <ol style="list-style-type: none"> Challenge examination for theory and clinical practice, if required, Type and percent of students entered into advanced placement, and How eligibility for advanced placement is determined. 	<p>A. All policies, including alternative entry and completion options are readily available to applicants, and the policies are universally applied</p> <p>B. Written policy for challenge and transfer options.</p> <p>C. The challenge/transfer policy is known by students.</p> <p>D. Students eligible for alternative options were offered the opportunity for challenge and/or transfer of previous education for credit</p>
<p>SECTION 1430(b) Have policies and procedures for alternative entry and completion options for applicants, who have:</p> <p>(1) a license or certificate in the field of health care;</p> <p>(2) previous education in a registered nursing program; or</p> <p>(3) earned a baccalaureate or higher degree from a regionally accredited institution.</p> <p>Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2736, 2786.6, Business and Professions Code.</p>	<ul style="list-style-type: none"> Program process to grant credit for previous education for all nursing courses and other acquired knowledge. Policy for challenge and transfer is written and is available to students. <p>Note: The Board will accept the college or university's evaluation on granting credit as reflected in the applicants transcript</p>	<p>A. College catalog</p> <p>B. Student handbook</p> <p>C. Written materials for admission</p>

APPROVAL CRITERIA	INDICATORS	EVIDENCE
IX LICENSING EXAMINATION PASS RATE STANDARD		Including, but not limited to:
<p>SECTION 1431 The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing exam candidates.</p> <p>SECTION 1431(a) A program having a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.</p>	<p>Systematic evaluation plan shall include monitoring of licensing exam pass rates;</p> <ul style="list-style-type: none"> • First substandard performance (first academic year) <ol style="list-style-type: none"> a. Discuss with the program director b. Ask the director to submit a report outlining the program's action plan. • Second substandard performance (second academic year) <ol style="list-style-type: none"> a. Schedule an interim visit with specific objectives which include: b. Meeting with director <ol style="list-style-type: none"> 1. Meeting with administrator 2. Meeting with faculty 3. Establish whether program's action plan is still current, and whether being met. 4. Document on interim visit form. 5. NEC presents finding in a written report to ELC with director present. 	<p>Systematic evaluation - Data collection and annual evaluation data on pass rates. Faculty/committee meeting minutes ATI and/or other measurement tools being used.</p>
<p>SECTION 1431(b) A board-approval visit will be conducted if a program has a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive years.</p>	<ul style="list-style-type: none"> • NEC schedules a visit if there is no improvement and pass remains substandard for two consecutive years, within the next six months, per BPC section 2788. 	
<p>SECTION 1431(c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the Code.</p>	<ul style="list-style-type: none"> • ELC makes recommendation to the board when indicated. 	

FACULTY QUALIFICATIONS AND CHANGES – EXPLANATION OF CCR 1425

REGULATION	EXPLANATION
Section 1425(b) The director of the program shall have: (1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;	1. Master's or higher degree in nursing, education or administration.
(2) A minimum of one (1) year's experience in a position as an administrator with validated performance of administrative responsibilities consistent with section 1420(h);	1. Administrative position is defined as a director or assistant director whose responsibility and accountability includes coordinating, directing, fiscal planning, and all activities involved in developing, implementing and managing the nursing program. 2. Administrative responsibility: (a) in a professional nursing education program, which includes diploma, associate, baccalaureate and post-licensure RN programs; or (b) as a director of nursing and/or hospital inservice education program. 3. An academic year of two (2) semesters or three (3) quarters will be regarded as equivalent to one year's administrative experience.
(3) A minimum of two (2) years' experience teaching in pre- or post-licensure registered nursing programs;	1. An academic year is defined as two (2) semesters or three (3) quarters. 2. Two (2) years teaching experience as instructor. 3. Full-time teaching experience preferred. 4. Pre- or post-licensure registered nursing program such as associate, baccalaureate, master's, or doctoral degree nursing programs.

REGULATION	EXPLANATION
(4) At least one (1) year's continuous, full-time experience, or equivalent, providing direct patient care as a registered nurse; or (5) Equivalent experience as determined by the Board.	1. One (1) year's continuous full-time experience, or equivalent, as a registered nurse providing direct patient care.
Section 1425(c) The assistant director shall meet the education requirements set forth in subsections (b)(1) above and the experience requirements set forth in subsections (b)(3) and (b)(4) above, or such experience as the board determines to be equivalent.	<p>1. Master's degree which includes course work in nursing, education, or administration.</p> <p>2. Two (2) years teaching experience in a pre- or post-licensure registered nursing program such as associate, baccalaureate, master's, or doctoral degree nursing programs.</p> <p>3. One (1) year's continuous experience, or equivalent, as a registered nurse providing direct patient care.</p>
<p>Section 1425(d) An instructor shall meet the following requirements:</p> <p>(1) Those set forth in subsections (b)(1) and;</p> <p>(2) At least one year's continuous, full-time experience, or equivalent, providing direct patient care as a registered nurse; and</p> <p>(3) Direct patient care experience as a registered nurse, which includes registered nurse clinical teaching experience, in the designated nursing area of medical-surgical, maternal/child, mental health, psychiatric nursing or geriatrics, within the previous five (5) years;</p> <p>(4) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.</p>	<p>1. Master's or higher degree, which includes course work in nursing, education or administration.</p> <p>2. The equivalent of one (1) year's full-time experience as a registered nurse providing direct patient care.</p> <p>3. Direct patient care experience as a registered nurse, which includes registered nurse clinical teaching experience, in medical-surgical, maternal/child, mental health, psychiatric nursing, or geriatrics within the previous five (5) years.</p> <p>4. Validated clinical competence. "Clinically competent" as defined in section 1420(d), which means that a nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the nursing area to which the faculty member is assigned.</p> <p>5. The equivalent of one (1) year's teaching experience in a pre- or post-licensure registered nursing program or completion of a post baccalaureate course that includes practice in teaching registered nursing given by an accredited college or nursing school. The course includes teaching strategies, course outline and lesson plan development, evaluation, and practice teaching.</p>

REGULATION	EXPLANATION
<p>Section 1425(e) An assistant instructor shall be a registered nurse and shall have:</p> <p>(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice.</p>	<ol style="list-style-type: none"> 1. Baccalaureate degree must be in nursing or related natural, behavioral or social science fields, 2. May teach in classroom but may not take full responsibility for the course. 3. Requires supervision by an instructor, who has the final responsibility for students' course grade. 4. May not serve as content expert.
<p>(2) At least one (1) year's continuous, full-time experience, or equivalent, providing direct patient care as a registered nurse;</p> <p>(3) Direct patient care experience as a registered nurse, which includes registered nurse clinical teaching experience, in the designated nursing area of medical-surgical, maternal/child, mental health, psychiatric nursing or geriatrics, within the previous five (5) years.</p>	<ol style="list-style-type: none"> 1. The equivalent of one (1) year's full-time experience as a registered nurse providing direct patient care 2. Direct patient care experience as a registered nurse, which includes registered nurse clinical teaching experience, in medical-surgical, maternal/child, mental health, psychiatric nursing, or geriatrics within the previous five (5) years. 3. Validated clinical competence. "Clinically competent" as defined in section 1420(d), which means that a nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the nursing area to which the faculty member is assigned.
<p>1425(f) A clinical teaching assistant shall have had at least one (1) year's continuous, full-time experience in the designated nursing area of medical-surgical, maternal/child, mental health, psychiatric nursing or geriatrics, within the previous five years (5), as a registered nurse providing direct patient care.</p>	<ol style="list-style-type: none"> 1. Direct patient care experience as a registered nurse in medical-surgical, maternal/child, mental health, psychiatric nursing, or geriatrics within the previous five (5) years. 2. Validated clinical competence. "Clinically competent" as defined in section 1420(d) means that a nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the clinical unit to which the faculty member is assigned. 2. May not have any responsibility for classroom instruction. 3. Requires supervision by an instructor, who has the final responsibility for students' course grade. Supervision, however, does not require Instructor is to be physically present with the clinical teaching assistant..

**BOARD OF REGISTERED NURSING**

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Ruth Ann Terry, MPH, RN, Executive Officer

FACULTY REMEDIATION GUIDELINES**PURPOSE**

The purpose of these guidelines is to assist directors in assuring faculty members who will be teaching in new content/clinical areas [i.e., not already approved by the BRN] are clinical competent.

STATUTORY AUTHORITY

Section 1420(c) defines clinical competency:

"Clinically competent" means that a nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the clinical unit to which the instructor (faculty member) is assigned.

EXPLANATION OF REGULATIONS

Faculty members, for BRN purposes, include BRN approved instructors, assistant instructors, and clinical teaching assistants. To teach in a new content/clinical area, the faculty member must be able to function at the level of a staff RN in the designated nursing area (Medical-Surgical, Maternal/Child, Mental Health, Psychiatric Nursing or Geriatrics).

A. Evaluation of Competency:

- Evidence of direct patient care experience as a registered nurse, which includes registered nurse clinical teaching experience, in the designated clinical area within the previous five (5) years.
- Sufficient evidence of continuing education classes that support the requested nursing area(s) taken in the last 5 years.

B. Plan to Gain Clinical Competency: Includes the following:

1. Director, in consultation with the content expert and faculty member, formulates a written remediation plan that includes:
 - (a) Specific measurable theory and clinical objectives sufficient to validate competency in the new content/clinical areas;
 - (b) Specific plan of activities sufficient to validate theory/clinical competency;
2. The program director may elect to send the assigned NEC a copy of the proposed remediation plan for comment prior to implementation (Optional).
3. The faculty member meets with the agency's representative or program's content expert, or both, to implement the remediation plan.
4. Upon completion of the plan, the faculty member presents the director **written verification** from **the preceptor or content expert**, that the **faculty member has demonstrated the competency level of a staff RN** and met the theory and clinical objectives specified in the remediation plan.

SUBMIT TO BRN:

1. Remediation plan;
2. Written letter of verification of competency;
3. Faculty appointment form for specified nursing area(s).

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COMPONENTS OF A PRELICENSURE PRECEPTORSHIP (CCR section 1426.1)

INTRODUCTION

Preceptorship course must be approved by the Board prior to its implementation. Implementation of a preceptorship course is handled as a minor curriculum revision.

DEFINITIONS

PRECEPTORSHIP COURSE provides students with a faculty planned and supervised, registered nursing experience that is comparable to an entry-level registered nurse position [CCR section 1426.1(a)].

Some examples of preceptorship are as follows:

- to care for individuals and/or groups of patients in the clinical setting;
- to provide opportunities to implement leadership and management skills;
- to develop expertise, skill in advanced clinical practice, and organizational skills
- to minimize the probability of culture shock upon full entry into practice, reducing role conflict

PRECEPTOR means an experienced registered nurse pursuant to section 1426.1(b)(1), employed by a health care agency, who is assigned to assist and supervise nursing students in an educational experience that is designed and directed by a faculty member and who meets requirements for a clinical teaching assistant in section 1425(f). [CCR section 1420(n)]. Desired characteristics of a preceptor include:

- **COMPETENCY** - The RN demonstrates nursing expertise in the delivery of care and ability to direct staff (recommendations made by clinical supervisors or by attainment of a specific staff level).
- **POSITIVE ATTITUDE** - The RN has expressed a desire to work with a student in the preceptor role.
- **COMMUNICATION SKILLS** - The RN has demonstrated ability to communicate effectively with patients, faculty, students, staff, and physicians.

Points to Consider for a Preceptorship Course

- The recommended time frame for a use of preceptor experience as described in this guideline is the senior year.
- Recommended preceptor/student ratio is 1 to 1.
- Preceptorship experience need not be limited to medical surgical settings and may be scheduled in any clinical area where clinical objectives can be met.

REQUIREMENTS OF PRECEPTORSHIP COURSE [CCR section 1426.1]

- Have written policies for the preceptorship course
 1. Preceptor qualification and responsibilities that include the following:
 - (A) have an active, clear license issued by the board and meet the requirements specified in section 1425(f), and having been employed by the health care agency for a minimum of one year;

- (B) have completed a preceptor orientation program prior to serving as a preceptor;
- (C) the present and available on the patient care unit during all the time the student is rendering nursing services;
- 2. Management of preceptor records, including names of all current preceptors, registered nurse licenses, and dates of preceptorships;
- 3. Written plan for implementation of the preceptorship course, which includes:
 - (A) the selection process and criteria for preceptors;
 - (B) respective roles of the faculty member, preceptor, and student;
 - (C) designated relief preceptor similarly qualified who is present and available on the primary preceptor's days off to ensure program's continuity.
 - (D) no more than one relief preceptor for each student during a preceptorship;
 - (E) frequency and method of faculty, preceptor, and student contacts during the preceptorship;
 - (F) communication plan; and
 - (G) preceptor's responsibility for evaluating the student in collaboration with the faculty;
- 4. Faculty responsibilities include, but are not limited to the following:
 - (A) be available to the preceptor and the student during the entire time the student is involved in the clinical practice;
 - (B) provide ongoing and final evaluations of the student with input from the preceptor;
 - (C) conduct periodic onsite meetings and conferences;

Additional examples of faculty responsibilities include:

1. Managing the preceptor course and providing final student evaluation.
 2. Having clear definition and purpose of preceptor course.
 3. Defining behavioral clinical objectives written in measurable terms.
 4. Identifying clear expectations and kinds of clinical learning experiences.
 5. Conducting orientation conference with preceptor, and student.
- Conduct ongoing evaluations regarding the continued use of preceptors;
 - Have an orientation program for preceptors that includes, but is not limited to:
 1. the purpose of the preceptor course;
 2. the responsibilities of faculty, preceptor, and student;
 3. the availability of the faculty during the preceptorship; and
 4. the plan for communication during the clinical practice;
 - Have a faculty-to-student ratio for the preceptor course based on following criteria:
 1. student/preceptor needs;
 2. faculty's ability to effectively supervise;
 3. students' assigned nursing area;
 4. agency and facility requirements;

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LICENSING EXAMINATION PASS RATE STANDARD

NEC Procedure for Monitoring Schools with Substandard NCLEX Performance

Regulatory Authority:

CCR section 1431. Licensing Examination Pass Rate Standard

“The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing exam candidates.”

- (a) A program having a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.
- (b) A board-approval visit will be conducted if a program has a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive years.
- (c) The board may place a program on warning status with intent to revoke the program’s approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the Code.

Education/Licensing Committee’s goal 6.5: Monitor the pass/fail rate of California candidates on the NCLEX for identification of high risk groups and schools that has NCLEX first time failure rates consistently exceeding 25%.

Procedure:

1. CAT statistics are made available on a quarterly basis. The NEC review s the statistics quarterly and make recommendations after each academic year.
 - First substandard performance (first academic year) - Discuss with the program director the ELC goal and whether this is an expected or unexpected occurrence. Ask the director to submit a report outlining the program’s action plan.
 - Second substandard performance (second academic year) - Schedule an interim visit with specific objectives which include:
 - a. Meeting with director
 - b. Meeting with administrator
 - c. Meeting with faculty
 - d. Establish whether program’s action plan is still current, and whether being met.
 - e. Document on interim visit form.
 - f. Present a written report of findings to ELC with director present.

2. If there is no improvement in the following quarter, the program's NEC will conduct a full continuing approval visit within the next six months, and submit a written report of the findings to the ELC.
3. If there is evidence that the program has failed to address its substandard performance, the ELC will make a recommendation to the Board to place a program on warning status with intent to revoke the program's approval. The Board may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the Code, .

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 10.4.1

DATE: January 15, 2009

ACTION REQUESTED: Accept/Not Accept Feasibility Study for Simpson University Baccalaureate Nursing Program.

REQUESTED BY: Maria E. Bedroni, EdD
Supervising Nursing Education Consultant

BACKGROUND: Jan Dinkel, RN, MSN, Program Consultant

Simpson University is a faith-based university located in Redding, California. Simpson University is regionally accredited by the Western Association of Schools and Colleges (WASC). Simpson offers 26 undergraduate majors, four graduate programs, and the ASPIRE adult degree completion program.

Originally located in San Francisco, Simpson University relocated to Redding in 1989 and began the process of building new buildings, becoming one of the most attractive campuses in the area. Simpson students are nurtured to develop holistically, think critically, lead effectively, and serve globally.

This feasibility study includes a good description of the emergent health and educational needs of the area. In close proximity to this new proposed program is a local community College, Shasta College, offering an RN and LVN programs and one proprietary college, Lake College, offering an LVN program. The closest BSN program to the proposed program is California State University, Chico, approximately 75 miles away.

The feasibility study also includes a description of the expansion of health care facilities in the area, and it is realistic to think that the clinical areas will have room for the students of this new program. Clinical agencies evaluated for clinical experiences include acute care hospitals, long term facilities, ambulatory care centers, hospice, and psychiatric treatment centers.

Since it is a small community Simpson University have been collaborating with clinical sites for clinical placement and have obtained letters of support and clinical verification forms; however creative scheduling would be needed. Employers are supportive of this new program due to a great concern over the nursing shortage, particularly the need for baccalaureate prepared nurses in that particular geographic area.

Simpson University is proposing a four year baccalaureate program. The curriculum includes a strong Christian studies core as well as background in science and humanities. As planned the curriculum will have 59 nursing units (31 theory & 20 clinical). The total units for graduation will be 129 units. There is a brief description of each course included.

A target enrollment of 20 students as the initial class is planned for fall 2010. Twenty students will be admitted to the program twice a year with a total of eighty (80) students by spring 2014. Once the program begins, it is anticipated that more students will enroll as pre-nursing students.

Simpson University is a private university with a number of endowments for specific programs. The nursing program has been a part of their strategic planning; therefore, Simpson University is committed to this new proposed program. Currently, a new Nursing/Science Building is being built with endowment funds. Its completion is anticipated for 2010.

A four year operational budget is attached. Additionally, Simpson offers a generous fringe benefit package to all employees which will serve as an incentive to attract faculty. Simpson has also developed strong partnerships with local hospitals to ensure the success of this new proposed program.

The feasibility study includes letters of support from a variety of governmental, business and educational institutions. Clinical verification forms are also included. A letter was previously sent to Jan Dinkel, consultant, indicating the areas of concern regarding this feasibility study; a response from the University correcting these areas was received.

NEXT STEPS: Place on the Board agenda

**FISCAL IMPLICATION(S),
IF ANY:** None

PERSON TO CONTACT: Maria E Bedroni, SNEC
brnmaria@sbcglobal.net

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 10.4.2

DATE: January 15, 2009

ACTION REQUESTED: Accept/Not accept Feasibility Study for Baccalaureate Nursing Program submitted by Westerns Governors University (WGU)

REQUESTED BY: Maria E. Bedroni, EdD
Supervising Nursing Education Consultant

BACKGROUND: J. Papenhausen, PhD. Consultant

WGU is the first online university, completely competence-based, and the first one to be funded through a multi-state gubernatorial partnership. It incorporated 11 years ago as a private, non profit university. Headquarter is located in Sal Lake City, Utah.

WGU is accredited by WASC, and several other accrediting agencies. WGU is comprised of four online colleges: the Teachers College, the College of Business, the College of information Technology, and the College of Health Professions. The proposed program will be under the College of Health Professions. This college already has existing competence-based nursing programs, including a RN to BSN program, a MSN in Leadership/Management, and the MSN in Education programs. These programs were recently visited by CCNE; accreditation report is pending

As submitted the feasibility study proposes a generic nursing baccalaureate program serving Los Angeles, Riverside and Orange counties. The program is a collaborative effort among WGU, its hospital corporation's partners, a private funding foundation, and state workforce agencies. The partners include WGU, the Robert Wood Johnson Foundation, California Labor and Work Force Development agency, and major hospitals, including Hospital Corporation of America, Tenant Healthcare, Kaiser Permanente, and Cedars-Sinai Medical Center.

The program proposed is a generic baccalaureate program offered through WGU, which utilizes competency-based education, distance learning and advanced technology, both computer and clinical technology. The curriculum consists of a set of competencies, objectives, assessments and a course of study for each curricular area. These competencies were derived from a comprehensive set of national, professional, state and institutional standards entered into a standards database, along with input from professional nursing leaders who indicated what knowledge, skills, and dispositions a competent , caring nurse should posses. These competencies will be regularly reviewed, can be added, deleted and modified as warranted. Competencies are then mapped to the standards and program crosscutting themes to ensure congruency.

The program will utilize a model for clinical education adapted from models that have been successful in two sites in Texas both using the clinical coaching model and clinical instructors. In the WGU model students have a WGU academic **mentor** (faculty), a faculty subject matter expert who facilitates an online learning community, a qualified **clinical faculty** member and an individual **clinical coach**. The clinical faculty and the clinical coach will be employees of the nursing staff provided by the hospital partner.

The students will be assigned to a **clinical coach** in the unit which the coach provides clinical care. The student and the clinical coach will work together to provide clinical care to the four patients assigned to the clinical coach. The coach will be required to meet the qualification of a clinical teaching assistant. The WGU academic mentor is responsible for overseeing the clinical cohorts and their clinical faculty.

The academic mentors (faculty) under the direction of the National Director of Nursing and the Project Director, identifies measurable objectives that address each competency and recommends the type of assessment to measure student's mastery of the required competencies and objectives. Then they work with the assessment department, academic mentor faculty and external subject Matter Experts SMEs to develop performance and objectives assessments. Courses of study that align with these competencies will be use by students to manage learning and develop competency.

The BSN curriculum includes domains, sub-domains, and competencies. There are two major domains Nursing Science and Nursing Theory and Practice. The Nursing Theory and Practice Domain consists of didactic and clinical competencies in the major areas of nursing medical – surgical, obstetrics, pediatrics, psychiatric/mental health, and geriatrics. The Nursing Science domain includes five sub-domains: Pharmacology, Organizational Systems and Quality Leadership, Informatics, Evidence Based Practice and Applied nursing research, and Professional Roles and Values.

The proposed program will include 120 academic credits, 25 of which are natural, behavioral and social sciences, 9 academic credit of communication skills and 35 CU of pre licensure theory course and 18 CUs of prelicensure clinical courses and 20 CUs of upper Division courses

WGU headquarters facility is in Salt Lake City, Utah. They will have an additional office in California that will be staffed by the California Director. A letter was sent to WGU identifying concerns regarding this feasibility, WGU responded clarifying all areas of concern.

NEXT STEPS: Place on the Board agenda

**FISCAL IMPLICATION (S)
IF ANY:**

PERSON TO CONTACT: Maria E Bedroni, SNEC
brnmaria@sbcglobal.net



WESTERN GOVERNORS UNIVERSITY

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Ruth Ann Terry MPH, RN
Executive Officer
California Board of Registered Nursing
1625 North Market Boulevard, Suite N217
Sacramento, CA 95834-1924

December 30, 2008

Dear Ms. Terry,

We are pleased to provide the additional clarifications you have requested for the Western Governors University's baccalaureate nursing program. As discussed and at your request, the information below provides further clarification to sections A, F, G, J and L of the feasibility study.

Section A

In the Feasibility study on page 8-9 the number of nursing programs was listed for each county in which each WGU partner hospitals are found and where a WGU student cohort will be placed. Not all of these nursing schools listed use one of the partner hospitals (Cedars Sinai Medical Center, Riverside Community Hospital, and Fountain Valley Medical Center). The present nursing programs which use the partner hospitals can be found on Table 9, page 2 and this table includes data related to their latest (06-07) NCLEX student attempts and pass rates. The following table (9a) adds composite information by region related to student enrollment, qualified applicants accepted and not accepted, completion rates and attrition rates. These data were retrieved from the California Board of Registered Nursing 2006-2007 Annual School Report from the following regions: Southern California II (Orange, Riverside, and San Bernardino Counties) and Southern California I (Los angles and Ventura Counties). The composite data related to all of California is also presented in Table 9a and were retrieved from the California Board of Registered Nursing 2006-2007 Annual School Report for all of California. In 2006-2007 there were 130 pre licensure nursing schools, with 74 ADN, 32

BSN, 8 LVN and 16 ELM programs. The majority (80.8%) of these programs were public (N=83) and the rest private (N = 14).

Overall in California there were more qualified applicants (15,797) than could be accepted in to nursing programs (12,709) for a rate of qualified but not accepted nursing student applicants of 55.4%. This rate was some what lower for Southern California Region I (45.1%) and Southern California Region II (42.8%) but this still demonstrates a much greater demand for admission into nursing schools by qualified applicants than is currently being met even though nursing schools have increased their capacity from 2005/2006 to 2006/2007 by 14.2%. This strongly supports the need for additional nursing schools in California.

Table 9a. Regional Data on Student Enrollment, Completion Rates, Attrition Rates, and Qualified Applicants Accepted and Not Accepted.

Regions	All California Nursing Schools N = 130	Southern California Region I Los Angeles and Ventura Countries	Southern California Region II Orange, Riverside and San Bernardino Countries
New Student Enrollment	12,709	4,497	1,762
Total Student Enrollment	22,524	7,399	3,012
Qualified Applications	28,508	8,193	3,080
Qualified Applicants Accepted	12,709	4,497	1,762
Qualified Applicants Not Accepted	15,797	3,696	1,318
% of qualified applicants not accepted	55.4%	45.1%	42.8%
Completion Rates			
Retention (completed program on time)	72.7 %	66.2%	72.2%
% still Enrolled	11.3%	15.8%	11.3%
Attrition (not in program)	16.0%	18.0%	16.5%

Source: <http://www.rn.ca.gov/schools/reports.shtml>, 2006-2007 Data

Section F

Clarification was requested about how students move through the program, what the timeframe is for completion of the BSN, how competencies are monitored and credits awarded.

The WGU model uses a competency-based model of education, which is a somewhat different approach to educating the nursing student that is found in the traditional nursing education model. These differences can be illustrated first in the type of nursing student usually enrolled in WGU programs. WGU students are typically older students (average age 36) and are working adults who bring significant knowledge and experience with them. For this reason, the general education and science requirements could take up to two years for some students but at a much faster pace for others. The time needed to complete this content may vary significantly. For example, a student who has extensive science knowledge or experience in communication or other areas required in these two years, may be able to take a heavier load of work and complete it more quickly but all students must pass the required competency assessments (examinations) and demonstrate mastery of pre-requisite content.

The BSN nursing curriculum has 120 competency units for completion. Using the standard path provided in the feasibility study, a full-time student would be able to complete this program in four years. At WGU, all students are full-time and as such, they can take as many courses (or sub-domains) as they can successfully manage in any given term. Since WGU is competency-based, they move at their own pace to obtain the required competencies and in order to complete a sub-domain (course of study), they must successfully complete any competency assessments (examinations) associated with that sub-domain at a “B” level, in order to pass the sub-domain.

After completion of the required general education and science requirements students begin to take the nursing courses where clinical learning is part of developing competency. The first course a student will take is Caring Arts and Science Across the Lifespan I. (CASAL I). This course integrates concepts of human growth and development across the entire lifespan (including geriatrics) in concert with fundamental nursing theory and practice (Exhibit A is provided as an attachment).

The educational methodology employed by WGU to blend didactic content mastery, skills acquisition and appropriate clinical decision-making and intervention illustrate the second difference between this competency model and the traditional model of nursing

education. In the traditional model, students are assigned a certain didactic course of study relative to a field of nursing practice such as beginning medical/surgical nursing and are assigned to one instructor to a clinical area of practice for a semester, usually 16 weeks in length. The didactic content is delivered by lecture and other assignments by a faculty over the semester of study and body systems approach is usually used. The student is assigned to a clinical unit where they are most likely to encounter patients with system dysfunctions that match the course of study. The ratio of the instructor to student is usually 10:1 and the instructor assigns the students to representative patients that align with the course of study as closely as possible. There may be occasions where students are caring for patients with conditions they have not yet studied even though they have “prepared” for the clinical day by reviewing the patients diagnosis previous to the day of care.

In contrast, the WGU model (Exhibit A, an illustration of the program scheduling for the first year of this program) is divided into two six month terms a year and the didactic content is front loaded at the beginning of the term. At WGU as the student begins this course, they are directed to a Course of Study, which contains a set of paced learning resources the student must engage in order to achieve the competencies identified for this sub-domain (course of study). As the student engages in self-study using these resources, they are also required to participate in the online learning community facilitated by their WGU Academic Mentor. This mentor is a doctorally prepared nurse expert who facilitates the learning community by engaging students in chats, blogs and group projects to assist them in co-constructing learning and competency. This is the basis of didactic learning in this program. The student participates in the online learning community associated with the sub-domain they are taking until they have completed all the requirements of that sub-domain. The mastery of the didactic content is determined by assessments (examinations) that have been developed by content experts at WGU and validated as psychometrically sound by assessment specialist at WGU. As they progress through the sub-domain, they must successfully complete the required assessments to maintain satisfactory academic progress (SAP).

Acquisition of clinical skills is gained through supervised practice in a clinical skills laboratory using low, medium and high fidelity mannequins. Acquisition of skills is assessed through student skill demonstration and virtual (computer generated) and live clinical scenarios. Key clinical skills appropriate to clinical management of patients that

match the didactic course of study are mastered before the clinical assignment to live patients is begun (Exhibit A). By the third week of the program, students are introduced to their first patient care skills in skills lab. They must successfully ‘test’ on all required skills in this lab in order to move on. If they are not successful in this first skills testing, they will need to reschedule for an additional session in order to qualify to move on. By the 6th week of the program, students attend and complete a second skills testing session. They must have successfully completed the first session to qualify for the second. They must successfully complete (through testing of skills) the second session in order to qualify to enter clinical rotations with live patients. In the 7th week of this sub-domain, the student may begin their clinical rotations.

The clinical model used to monitor and evaluate the student in the clinical area is the third major difference between the WGU model and that of traditional models. In the traditional model, ten students are assigned to one clinical instructor who supervises their clinical interventions in one or two clinical units depending on census and availability. In the WGU model, there is also a clinical instructor who meets the BRN requirements in terms of educational preparation and clinical experience. This is the instructor of record and she is responsible for the ongoing and final evaluation of the ten students assigned to the WGU partner hospital. This instructor is a hospital employee who meets the BRN qualifications as an instructor or who will complete a educational program with a student teaching requirement to meet the requirements. In addition, there are 10 clinical teaching assistants (CTA’s) or coaches to whom each student is assigned. The student and their CTA (coach) jointly deliver care to the four patients who are assigned to the CTA as part of their regular staff assignment. The CTA is also a hospital employee who has received an additional educational program on clinical evaluation. The required clinical hours will be scheduled so that the students will present during the hours and days that are the CTA’s staff assignment time to preserve the stable one on one relationship between the student and the CTA. The student works one-to-one with their CTA, following the CTA’s exact schedule until they have successfully achieved the clinical competencies requires. The CTA completes a clinical evaluation of student performance using a standard rubric and tool at the end of each clinical shift. This information together with direct observation by the Clinical Instructor forms the basis of the competency evaluation of the student. The clinical instructor will oversee the clinical activities of the CTA and the student be present during these clinical hours. The advantage of this model is that the

student benefits from a one on one relationship with a clinical coach who can direct every aspect of care and from the clinical instructor who oversees and evaluates student performance. Figure 1 depicts the relationship among the didactic instructor, the clinical instructor, the clinical coach and the students.

Post clinical conferences take place in the learning community where the Clinical Instructor provides the content and context for these learning experiences. One unique aspect of the online learning community is that it is not like an online course. Students can participate both synchronously and asynchronously meaning in real time and at alternate times. It allows greater student flexibility while still maintaining the same standards of student participation and achievement. For example, instead of students having to be in front of their computers at a set time of day each day, they can access the online learning community at anytime it fits with their personal calendar (asynchronously) whether it be 3am or 9am. The content covered is the same for all students but the way in which students participate allows for maximum flexibility. The competencies required and measured as outcomes are still of the same high standard and all students must successfully demonstrate the same knowledge level in order to acquire the competency units required for graduation.

Exhibit A describes displays visually in this figure illustrates how a typically student could complete the sub-domains over the course of two terms. However, since this program is competency-based, students may move more quickly or more slowly through the elements however they must demonstrate competency at each phase of the subdomain to continue on course. If for example, they do not successfully complete skills labs I & II, they cannot enter clinical in the 7th week so their clinical rotation will be delayed. If they do not successfully complete the required didactic assessments within CASAL I, they may be delayed in accessing skills lab experiences and will have to wait until another lab is available. On the other hand, students may demonstrate competency quickly and push to begin CASAL II didactic in September rather than October. All of these scenarios are possible in this program as the student is individually guided by their Academic Faculty mentor whose job it is to make sure the student can access the next set of learning resources, sub-domains and labs when they are ready to do so.

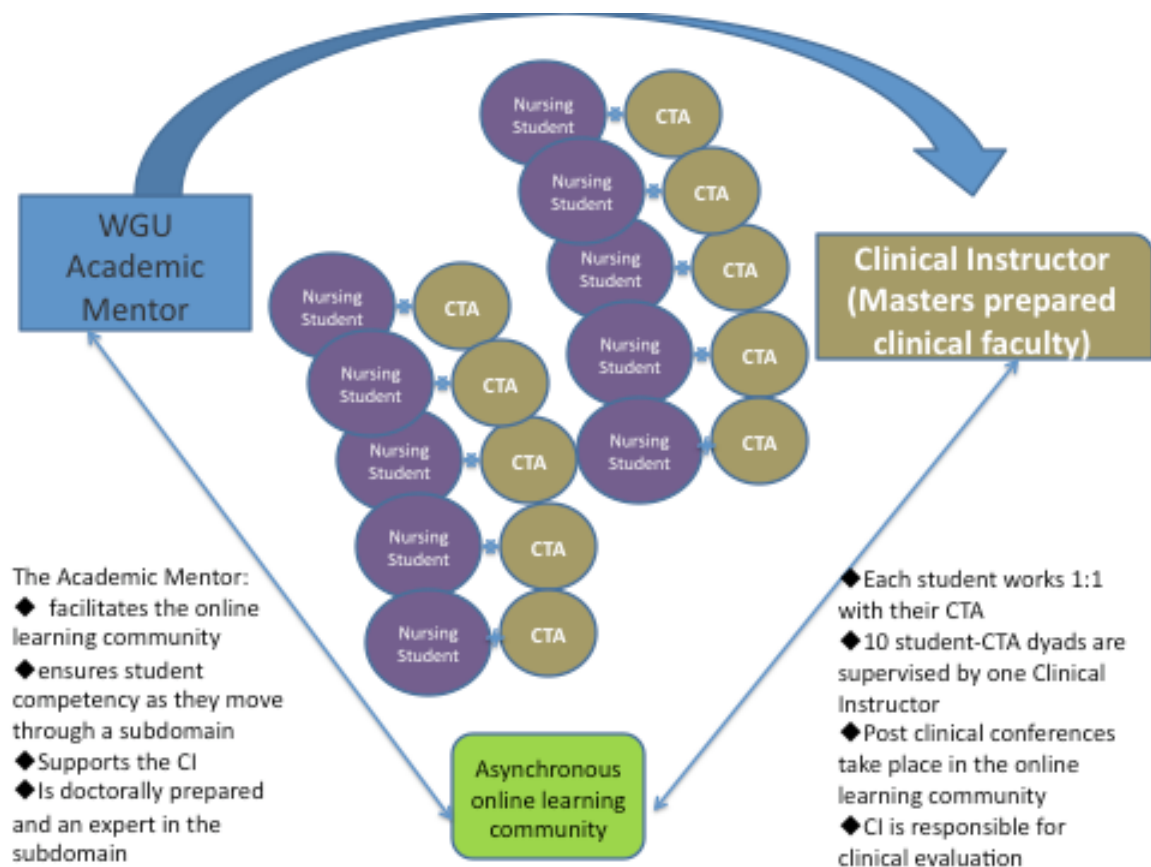


Figure. Clinical Model describing relationships between the WGU Academic Mentor, the Clinical Instructor and the Student-CTA dyads.

Section G

To clarify the expansion plan over the next five years discussed (pg 55) in the feasibility study, WGU has over 90 hospital partners in California who are interested in participating in this new program. In 2010, WGU expects to be able to respond to five more hospital partners who would like to participate by hosting a cohort of students. We make the decisions about where to seek expansion approval based on the availability of staff resources to serve as CTAs and CIs, their projected workforce shortages (and vacancies that are unfilled with existing California graduates), and their availability of non-traditional clinical hours for clinical rotations. As to the question about student recruitment the new table 9a indicates that according to recent data reported in California, 55 % or almost 16,000 qualified candidates were turned away from existing programs. In the Southern California regions an average of 43% or slightly more than 5,000 of qualified candidates were turned away from existing programs in just those areas. In addition, our partners have indicated they will be able to recruit many students from

within their current workforce. These students would mirror the kinds of students we typically service; working adults who are pursuing career transition and have a demonstrated affiliation and commitment to healthcare. Additionally, recent reports about across the board cuts for educational funding in California suggest there may be even more of a bottleneck preventing qualified students from being admitted to a nursing program.

Lastly, WGU has recently engaged an additional hospital partner in California, Catholic Healthcare West. This large hospital system has added an additional 35 potential hospital sites in California. Given these factors, and referencing the Table on page 56 of the feasibility study, we believe this is a thoughtful, conservative, and easily achievable growth plan.

Section J Questions about availability of clinical placements

To clarify the availability of clinical placements, each demonstration site has attested to their ability to support these students with adequate clinical placements and resources (CTAs and CIs). As indicated in the feasibility study Tables A-C (pages 23-26), there are many timeframes that are completely open, specifically summers (Specifically most of June, all of July and August. August is when the first cohort will complete their first clinicals.) for all three sites plus PM shifts and some weekend shifts are not currently used for student clinicals. While this information gives a snapshot of how students are currently deployed in traditional clinical rotations, the WGU model is significantly different in how students are deployed so a WGU ‘cohort’ cannot be viewed in the same way these the cohorts displayed in these tables.

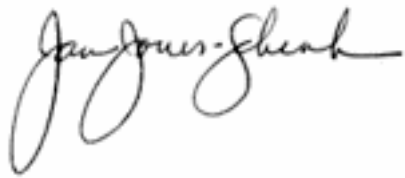
In the WGU model, clinical deployment is very different than the traditional model. In this model the individual nursing students are assigned to a CTA not to a unit. In fact these 10 students will be scattered throughout the hospital units. In a traditional model, a staff nurse with 4 patients could be interacting with up to 4 different students, at different points of their education, on a given shift from multiple institutions. In this model, the staff nurse CTA with 4 patients would have a single student and would be able to focus on that specific student; transferring knowledge to and evaluating skills and performance of that student. The impact on other students or schools would not affect particular units but would be limited to only the designated CTAs and their patients.

Section L – The anticipated student population

To clarify the anticipated student population, WGU is designed to provide flexible access to higher education for working adults who are pursuing career transitions. WGU does not usually make program information available to High School students or counselors, as this is not our target demographic. Our hospital partners will be a primary source of student recruitment for this degree. They have indicated that filling these first cohorts (and additional groups as indicated by the growth plan) will be competitive and are currently making plans for identifying how they might make the information about admission more generally available. For example, Tenet will be placing a link with information about the program on their intranet. Additionally, WGU has an extensive online recruitment program which has been successful in attracting potential nursing students already.

I hope this information will provide additional clarity to assist the ELC and the Board in their review and approval of WGU's feasibility study. Dr. Papenhausen and I collaborated on the development of this information to respond to your request so please contact Judy Papenhausen or me should you have further information needs.

Sincerely,

A handwritten signature in black ink, appearing to read "Jan Jones-Schenk". The signature is fluid and cursive, with the first name "Jan" being particularly prominent.

Jan Jones-Schenk RN, MNA, NE-BC
Project Director MAP RN
Western Governors University

EXHIBIT A

FIRST TERM FOR WGU BSN STUDENTS

Jul-09				Aug-09				Sep-09				Oct-09				Nov-09				Dec-09			
CASAL I												CASAL II											
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
			16 hrs Skills Lab		16 hrs Sim Lab	10 students 88* hours ea. hospital clinical with assigned CTA							16 hrs Sim Lab		16 hrs SIM Lab					10 students 88* ea. hours hospital clinical with assigned CTA			
DIDACTIC FOR CASAL I												DIDACTIC FOR CASAL II											

Notes about first term clinicals

GREEN = Skills/Sim Lab

YELLOW = Clinical Rotations

88 hours hospital clinical = 7-12 hr shifts plus 1-4 hr shift or 11-8 hr shifts

FT CTAs will work 3-12hr shifts per week or 5-8hr shifts per week so clinicals will be completed in 2 full weeks plus 1 or 1/2 shift in the 3rd wk

August clinicals for CASAL I will not conflict with ANY pre-scheduled clinicals for existing nursing programs

Dec clinicals will have negligible overlap with pre-scheduled clinicals for existing programs due to finals week which are exempt from clinicals

ALL first year Clinicals will be physically supervised by a dedicated CI onsite

SECOND TERM FOR WGU BSN STUDENTS

Jan-10				Feb-10				Mar-10				Apr-10				May-10				Jun-10			
Chronic Care												Critical Care											
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
			16 hrs SIM Lab		16 hrs SIM Lab	5 Students 88* hours ea. hospital clinical with assigned CTA		5 Students 88* hours ea. hospital clinical with assigned CTA				16 hrs SIM Lab		16 hrs SIM Lab						10 students 88* ea. hours hospital clinical with assigned CTA			
DIDACTIC FOR CHRONIC CARE													DIDACTIC FOR CRITICAL CARE										

88 hours hospital clinical = 7-12 hr shifts plus 1-4 hr shift or 11-8 hr shifts

FT CTAs will work 3-12hr shifts per week or 5-8hr shifts per week so clinicals will be completed in 2 full weeks plus 1 or 1/2 shift in the 3rd wk

Chronic care clinicals will occur in two sessions with 1/2 cohort in first 3 weeks and 1/2 cohort in 2nd 3 weeks to minimize overlap with existing students

Critical care clinicals will occur in June during which there is NO overlap with existing program clinicals

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 10.5
DATE: January 15, 2009

ACTION REQUESTED: Approve/Not Approve Goals and Objectives 2009- 2011

REQUESTED BY: Miyo Minato, MN, RN
Nursing Education Consultant

BACKGROUND:

Biennially committee goals and objectives are reviewed and revised as needed. The proposed Goals and objectives for calendar year 2009-2011 are attached.

The goals and objectives from 2007-09 have been updated and revised. The major changes are italicized and underlined in the attached document. Objectives have been reordered Goals 3, 5 and 6. The changes are summarized below.

Changes made to Goals:

- 1.1 Revised and combined public health nurse certificate requirement.
- 2.1 Expanded to reflect supportive roles the Board plays in development of partnerships.
- 3.2 Included collection of data on use of simulation in nursing education.
- 4.7/4.8 Added to maintain communication with advanced practice programs and to address concerns pertinent to advanced practice.

NEXT STEP: Place on Board agenda

**FISCAL IMPLICATION(S),
IF ANY:** None

PERSON TO CONTACT: Miyo Minato, NEC
323-890-9950

**BOARD OF REGISTERED NURSING
EDUCATION/LICENSING COMMITTEE
2009 - 2011 GOALS AND OBJECTIVES**

GOAL 1

Monitor nursing programs to ensure that key trends and forces in the external environment that affect nursing are identified and incorporated into nursing regulations and education programs. (Political, technical, economic and healthcare trends)

- 1.1 Review prelicensure and advanced practice program content, including public health nurse content, to determine if they meet regulatory requirements and reflect current trends in healthcare and nursing practice.
- 1.2 Monitor education programs' use of BRN advisory and policy statements.
- 1.3 Validate that nursing educational programs include in their curriculum the Scope of Practice of Registered Nurses in California and the Standards for Competent Performance (CCR 1443.5).
- 1.4 Participate in educational conferences and various committees within California and nationally when appropriate.
- 1.5 Monitor legislation affecting nursing education and convene advisory committees when appropriate.

GOAL 2

Provide leadership in the development of new approaches to nursing education.

- 2.1 Support strategic partnerships and creative approaches to prepare registered nurses between nursing education and the healthcare industry to meet needs of nursing education and community.
- 2.2 Review NPA regulations for congruency with current nursing education and reflect current trends in nursing education and practice.
- 2.3 Sponsor and/or co-sponsor educational opportunities for professional development of nursing educators and Directors in service and academia.
- 2.4 Evaluate the effectiveness of the use of technology teaching activities such as on-line research, distance learning, Web-based instruction and high-fidelity simulation laboratory experiences, and encourage its use in nursing programs.
- 2.5 Revise guidelines for the utilization of simulated clinical experiences in nursing education.
- 2.6 Encourage and support development of articulation agreements among nursing programs.
- 2.7 Encourage and support graduate nursing education programs to prepare nurse-educators.

GOAL 3

Reports and data sources related to nursing education in California are made available to nurse educators, the public, and others.

- 3.1 Collaborate with the University of California San Francisco in conducting the consolidated online annual school survey of the prelicensure nursing education programs in California. Publish survey results on the BRN Website
- 3.2 Maintain and analyze systematic data sources related to prelicensure, *including the use of simulation in nursing education*, and advanced nursing, reporting findings annually.
- 3.3 Provide information about nursing programs to the public.
- 3.4 Maintain information related to each prelicensure program and update periodically.
- 3.5 Provide data to assist nursing programs in making grant or funding applications.
- 3.6 Utilize the Board's analysis of entry level RN practice to evaluate the effectiveness of prelicensure nursing education programs in preparing graduates for practice.

GOAL 4

Facilitate and maintain an environment of collegial relationships with deans and directors of prelicensure and advanced practice programs.

- 4.1 Provide deans and directors with information on the educational approval processes and requirements.
- 4.2 Apply uniform approval criteria and evidence standards when reviewing prelicensure and advanced practice nursing programs.
- 4.3 Conduct an annual orientation for both new and current directors.
- 4.4 Update Director Handbook annually and distribute on CD-R or hard copy to each prelicensure nursing program as needed.
- 4.5 Maintain open communication, consultation, and support services to nursing programs in California.
- 4.6 Present BRN updates at the quarterly ADN Directors' Meetings and the annual CACN/ADN Meeting, and as appropriate.
- 4.7 *Maintain open communications with advanced practice educational program directors and seek input related to current advanced practice issues such as advanced pharmacology course regulations.*
- 4.8 *Conduct biennial meetings with advanced practice program directors to provide updates and foster discussions pertinent to advanced practice in California.*

GOAL 5

Provide ongoing monitoring of the Continuing Education (CE) Program, and verify compliance with BRN requirements by licensees and providers.

- 5.1 Approve all new or renewal applications for CE providers.
- 5.2 Conduct systematic random audits of registered nurses *to monitor* compliance with renewal requirements and appropriateness of CE courses completed.

- 5.3 Conduct systematic random reviews of CE providers to monitor compliance with CE regulations.

GOAL 6

Continue the assessment and review of the NCLEX-RN examination process, and maintain collaborative relationship with the National Council of State Boards of Nursing.

- 6.1 Conduct periodic review of NCLEX-RN examination process to ensure established security and other testing standards are met.
- 6.2 Encourage nurse educators and working RNs to participate in NCLEX-RN examination panels to ensure consistent representation from California.
- 6.3 Participate in various NCSBN committees to maintain representation from California.
- 6.4 Continue to monitor NCLEX-RN administration by the testing vendor.
- 6.5 Continually monitor and report NCLEX-RN first-time pass rates of California candidates.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 10.6.1

DATE: January 15, 2009

ACTION REQUESTED: BRN 2007-2008 Annual School Report

REQUESTED BY: Julie Campbell-Warnock
Research Program Specialist

BACKGROUND:

The BRN 2007-2008 Annual School Survey was conducted from October 1, 2008 to November 17, 2008. The survey was conducted on behalf of the Board by the Research Center at the University of California, San Francisco.

NEXT STEPS: Provide to the full Board and post the final report on the BRN's Website.

**FINANCIAL IMPLICATIONS,
IF ANY:** None

PERSON TO CONTACT:	Carol Mackay, MN, RN Nursing Education Consultant (760) 583-7844	Julie Campbell-Warnock Research Program Specialist (916) 574-7681
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BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 10.6.2

DATE: January 15, 2009

ACTION REQUESTED: INFORMATION ONLY – 2008 Goal Achievement Report

REQUESTED BY: Miyo Minato
Nursing Education Consultant

BACKGROUND:

Annually the committee reviews the activities of the previous calendar year in relation to meeting their stated goals and objectives. Attached is the report detailing the achievements of ELC Goals and Objectives for 2008-2009 and summary of activities.

Attached summary of educational program activities show work related to continuing approval of nursing programs as well as review of new program approvals.

- A total of thirteen (13)-nursing programs were reviewed in 2008: twelve (12) pre-licensure programs (2 BSN, 10 ADN); and one (1) advanced practice program (NP).
- The regular Interim visits were conducted as scheduled to a total of 22 prelicensure programs (7 BSN/ELM and 15 ADN). NEC's reviewed program's curriculum while conducting program review.
- Twenty (20) letters of intent for new prelicensure programs were submitted during 2008.
- Twelve (12) feasibility studies were reviewed by ELC and accepted six (6) new proposals (1 ELM; 4 BSN; and 1 ADN) and six (6) feasibility studies were deferred or not accept, including two programs that submitted their feasibility study twice.
- Seven (7) new programs were granted initial approval (1 ELM; 3 BSN; 3 ADN, including 1 LVN-RN program). This number includes one university that opened three separate BSN programs.

NEXT STEP: Place on Board agenda

**FISCAL IMPLICATION(S),
IF ANY:** None

PERSON TO CONTACT: Miyo Minato, MN, RN, NEC
323-890-9950

**BOARD OF REGISTERED NURSING
EDUCATION/LICENSING COMMITTEE
2008 – 2009 GOAL ACHIEVEMENTS**

Note: Only italicized objectives are addressed in the achievements.

GOAL 1

Monitor nursing education to ensure that key trends and forces in the external environment that affect nursing are identified and incorporated into nursing programs. (Political, technical, economic and healthcare trends)

- 1.1 Review prelicensure and advanced practice program content requirements to determine if they meet the current changes in healthcare.
- 1.2 *Monitor education programs use of appropriate BRN advisory statements.*
- 1.3 *Validate that nursing educational programs include the Scope of Practice of Registered Nurses in California in their curriculum.*
- 1.4 *Participate in educational conferences and various committees within California and nationally when appropriate.*
- 1.5 Monitor legislation affecting nursing education and convene advisory committees when appropriate.
- 1.6 *Review BSN programs prelicensure course content to ensure adherence to the Public Health Nurse certificate requirements.*

Achievements:

- A total of thirteen (13)-nursing programs were reviewed in 2008: twelve (12) pre-licensure programs (2 BSN, 10 ADN); and one (1) advanced practice program (NP). The regular Interim visits were conducted as scheduled to a total of 22 prelicensure programs (7 BSN/ELM and 15 ADN). NEC's reviewed program's curriculum while conducting program review.
- Twenty (20) letters of intent for new prelicensure programs were submitted during 2008.
- Twelve (12) feasibility studies were reviewed by ELC and accepted six (6) new proposals (1 ELM; 4 BSN; and 1 ADN) and six (6) feasibility studies were deferred or not accept, including two programs that submitted their feasibility study twice.
- Seven (7) new programs were granted initial approval (1 ELM; 3 BSN; 3 ADN, including 1 LVN-RN program). This number includes one university that opened three separate BSN campuses.
- Board members and staff attended various nursing education related meetings and conferences within California and throughout the country. Examples of attendance at meetings include National Council State Boards of Nursing, Association of California Nurse Leaders, National League of Nursing, and meetings with deans and directors at the California Organization of Associate Degree Nursing and California Association of Colleges of Nursing.

GOAL 2

Provide leadership in the development of new approaches to nursing education.

- 2.1 *Support strategic partnerships between nursing education and the healthcare industry to foster relationships between education and practice.*
- 2.2 *Conduct educational opportunities for professional development of nursing faculty and Directors.*

- 2.3 Encourage and support development of articulation agreements among nursing programs.
- 2.4 *Evaluate expanding access to technology and encourage its use in nursing programs, such as, on-line research, distance learning, Web-based instruction and high-fidelity simulation laboratory experiences.*
- 2.5 Develop guidelines for the utilization of simulated clinical experiences in nursing education.
- 2.6 *Review NPA regulations for congruency with current nursing education.*
- 2.7 Encourage and support graduate nursing education programs to prepare nurse-educators.
- 2.8 *Conduct ongoing survey on the use and the impact of simulated clinical experiences in nursing education and practice*

Achievements:

- Staff reviewed, revised, and proposed amendments and additions to the NPA regulations, Title 16, Division 14, Article 3, CCR section 1420 to 1430, School of Nursing. The proposed changes are going through the final review by the board.
- Ongoing survey on the use of simulation in nursing education was incorporated into the Annual School Survey in 2007 to continue monitor use of simulation, its effectiveness, and to trend data. This information will be used to revise guidelines on the use of simulation in nursing education and clinical experiences.
- The board presented, with California Institute of Nursing and Health Care, the “Magic in Teaching” and Annual Clinical Simulation conferences, held in March and November 2008 in Los Angeles and in San Francisco. The conferences were well attended by faculty, service, and staff educators and explored effective use of simulation, technology, and best practices to strengthen nursing education.
- A partnership between San Diego State University and University of Oklahoma Health Science Center, Online Accelerated BSN Program for students enrolled in this out-of-state nursing program to have clinical experiences at Glendale Adventist Hospital, was approved in May 2008.

GOAL 3

Reports and data sources related to nursing education in California are made available to nurse educators, the public, and others.

- 3.1 *Maintain and analyze systematic data sources related to prelicensure and advanced nursing, reporting findings annually.*
- 3.2 *Maintain information related to each prelicensure program and update periodically.*
- 3.3 *Provide information about nursing program to the public.*
- 3.4 *Provide data to assist nursing programs in making grant or funding applications.*
- 3.5 *Utilize the Board’s analysis of entry level RN practice to evaluate the effectiveness of prelicensure nursing education programs in preparing graduates for practice.*
- 3.6 *Collaborate with the University of California San Francisco in maintaining and updating the consolidated online survey. Including the development of online access to the resulting report of the prelicensure nursing education programs survey in California, including regional data.*

Achievements:

- The online survey tool for the Annual School Survey was reviewed and updated since the previous year by the Board’s Education Advisory Committee. The annual survey was conducted in collaboration with Dr. Joanne Spetz and Renae Waneka of UCSF Center for Health Sciences.

- The 2007/2008 Annual School data collection was completed in November 2008. Survey collects data on prelicensure and advanced nursing programs, enrollment and attrition, completion, faculty, and simulation experiences. Report of these data will be made available on the Board's Website when it is available.
- The 2006/2007 Annual School Report that is available on the Website provides information on prelicensure nursing programs, including regional data for use by public and programs.
- Each CA prelicensure nursing program's NCLEX-RN 5-year pass rates are available to the public on the Board's Website.

GOAL 4

Facilitate and maintain an environment of collegial relationships with Deans and Directors of prelicensure and advanced practice programs.

- 4.1 *Provide deans and directors with information on the educational approval process.*
- 4.2 Apply uniform approval criteria when reviewing prelicensure and advanced practice nursing programs.
- 4.3 *Conduct an annual orientation for new directors and current directors.*
- 4.4 *Update Director's Handbook annually and distribute on CD-R or hard copy to each prelicensure nursing program as needed.*
- 4.5 Maintain open communication, consultation, and support services to nursing programs in California.
- 4.6 *Present BRN updates at the quarterly ADN Directors' Meetings, the annual CACN/ADN Meeting, and as needed.*
- 4.7 Maintain open communications with Advance Practice directors seeking input on Advance Practice issues such as Advance Pharmacy Course regulations.
- 4.8 Conduct Bi-Annual meetings with Advance Practice Directors Providing Updates and concerns pertinent to Advance Practice.

Achievements:

- Annual Directors Meeting was held in October 2008 in San Francisco, in conjunction with the Joint Deans and Directors Meeting, attended by both ADN and BSN program directors. New Director's Orientation Program provided detailed information on the Director's Handbook and explanations of the Board forms and procedures. All programs were provided with an updated Director Handbook and the disc at the meeting or mailed the materials if absent.
- Volunteer Site Visitor Program information was provided to interested programs directors, also, in October. This is a pilot program that the Board plans to implement in Spring 2009 will have experienced program directors team with a Nursing Education Consultant to participate in continuing approval school visits. There are about twenty volunteer directors who have signed up.
- The BRN staff attended the COADN Directors Association meeting in March 2008, and the Annual Deans/Directors Meeting in October. Board updates were provided at quarterly directors meetings as needed. Nursing Education Consultants continue to work collaboratively with program directors through phone, email, and on-site contacts as needed or requested.

GOAL 5

Provide on-going monitoring of the Continuing Education (CE) Program and verify compliance with BRN requirements by licensees and providers.

- 5.1 Conduct systematic random audits of Registered Nurses for compliance with renewal requirements and appropriateness of CE courses completed.*
- 5.2 Conduct periodic random reviews of CE Providers for compliance with CE regulations.*
- 5.3 Review all new applications for CE providers for compliance with CE regulations*

Achievements:

- Ongoing review of audits are done by staff for continuing education requirements by registered nurses seeking renewals and CE Providers for their compliance with regulations.

GOAL 6

Continue the assessment and review of the NCLEX-RN examination process and maintain collaborative relationship with NCSBN organization.

- 6.1 Conduct periodic review of NCLEX-RN examination questions to eliminate barriers for licensure.*
- 6.2 Encourage nurse educators and working RNs to participate in NCLEX-RN examination panels to ensure consistent representation from California.*
- 6.3 Participate in various NCSBN committees to maintain representation from California.*
- 6.4 Continue to monitor the NCLEX-RN administration by testing vendor.*
- 6.5 Continually monitor NCLEX-RN Pass-Fail rate of California candidates.*
- 6.6 Review and revise the NPA regulations to reflect current trends in nursing education and practice.*

Achievements:

- Board staff continues to participate on various NCSBN committees.
- NECs present NCLEX-RN pass rates for first-time test takers as part of their continuing approval report to the committee.
- Staff participated in the conference calls with NCSBN and Pearson-Vue the testing vendor to discuss NCLEX administration issues
- CA NCLEX-RN pass rates are presented to the committee on an ongoing basis, both quarterly and annual results. The CA pass rate is compared with the pass rate for all NCSBN jurisdictions.
- The proposed amendments to the education regulations will establish the Licensing Examination first-time pass rate at 75%.

Summary of Education/Licensing Committee Accomplishments
Prelicensure and Advanced Practice Nursing Programs
January to December 2008

2008 Meeting	Continued Approval	Feasibility Study	Initial Approval
January 17	<ul style="list-style-type: none"> • LA Trade Tech ADN (Defer Approval) • Riverside CC ADN 	<ul style="list-style-type: none"> • University of Phoenix, Fairfield Learning Site, BSN 	<ul style="list-style-type: none"> • West Hills College Lemoore ADN
March 20		<ul style="list-style-type: none"> • WCU, Los Angeles Campus, BSN • WCU, Orange County Campus, BSN • WCU, Inland Empire Campus, BSN • Concorde Career College, North Hollywood, LVN to RN ADN (Not accept) • Institute of Medical Education, LVN to RN ADN (Not accept) • Madera Community College Center ADN • Shepherd University LVN to RN ADN (Not accept) 	<ul style="list-style-type: none"> • WCU, Los Angeles Campus, BSN • WCU, Orange County Campus, BSN • Everest College ADN • Mission College LVN to RN ADN
May 8	<ul style="list-style-type: none"> • Cuesta College ADN • LA Trade Tech ADN • LA Valley College ADN • Napa Valley College ADN • West Hills College Lemoore ADN <p><u>Major Revision</u></p> <ul style="list-style-type: none"> • LA Trade Tech ADN • San Joaquin Valley LVN-RN ADN 		<ul style="list-style-type: none"> • InterAmerican College ELM
August 21	<ul style="list-style-type: none"> • Loma Linda University BSN • Bakersfield College ADN • Mount San Jacinto College ADN (Defer Approval) • Loma Linda Univ NP 	<ul style="list-style-type: none"> • Charles Drew University ELM • Advanced Pro Nursing Institute ADN (Not accept) • Institute of Medical Education LVN to RN ADN (Not accept) 	<ul style="list-style-type: none"> • WCU, Inland Empire Campus BSN

Summary of Education/Licensing Committee Accomplishments
Prelicensure and Advanced Practice Nursing Programs
January to December 2008

October 16	<ul style="list-style-type: none"> • National University BSN • Fresno City College ADN • Mendocino College ADN <p><u>Major Revision</u></p> <ul style="list-style-type: none"> • LA County College of Allied Health & Nursing ADN 	<ul style="list-style-type: none"> • Concorde Career College, North Hollywood, LVN to RN ADN (Not accept) 	
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Other Board Education/Licensing Committee Recommendations

- May 8, 2008 Approval of Partnership between California approved RN Program and Out-of-State-Nursing Program
San Diego State University BSN Program and University of Oklahoma Health Science Center, Online Accelerated BSN Program at Glendale Adventist Hospital, Glendale California.
- May 8, 2008 Approval of proposed amendments to and new regulations, Title 16, Division 14, Article 3, Schools of Nursing